



Midwifery Education in Practice

Bounce back- bounce forward: Midwifery students experience of resilience

Nicole Clohessy*, Lois McKellar, Julie Fleet

University of South Australia, School of Nursing and Midwifery, Centenary Building, City East Campus, Frome Road Adelaide, 5000, Australia



ARTICLE INFO

Keywords:

Resilience
Midwifery students
Midwifery education

ABSTRACT

Resilience is considered a vital characteristic and has gained attention in midwifery practice and education. In particular, midwifery students face challenges during their education in both academic and clinical components of the program. There is need for greater understanding and strategies to develop resilience in the midwifery student population. The aim of this study is to gain insight into how midwifery students conceptualise resilience, and explore how education might support the development of resilience. A focus group was conducted as part of a broader study underpinned by a concept analysis methodology to explore the students understanding of resilience. Participants included six third year midwifery students from one university. Thematic analysis was used to analyse the data. Four key themes were identified. Resilience contextualised to midwifery was triggered by exposure to adversity; resilience was identified as the ability to bounce back and move forward, and was seen to be important for midwifery students. The concept of resilience appears to play an important role in student success. Evidence suggests resilience can be developed and education providers have a role to foster student's resilience. Findings offer strategies to strengthen resilient behaviour for the midwifery student population and provide a basis for further research.

1. Introduction

Resilience is considered a vital characteristic to thrive in the complex work environments of the 21st century, including health care (Sanderson and Brewer, 2017). However, the concept continues to be described with a high degree of variation (Todman et al., 2016; Hunter and Warren, 2014; Bhamra et al., 2011; Earvolino-Ramirez, 2007; Richardson, 2002; Masten and Garmezy, 1985). Early research suggested that an individual may have a genetic disposition towards resilience (Masten and Garmezy, 1985), in contrast, contemporary researchers believe resilience is a dynamic process that can be developed over time (Garcia-Dia et al., 2013; Earvolino-Ramirez, 2007). Research also suggests there is potential to develop educational strategies to strengthen resilience in individuals (McDonald et al., 2012; Crombie et al., 2013).

The term resilience has been used in reference to midwifery practice, as midwives work within a relationship based approach to provide care that has been recognised as emotionally demanding (Hunter and Warren, 2014; Catling et al., 2017; Warland and Rice, 2013). The emotional wellbeing of individual midwives and overall morale of the profession are impacted by consistent pressures including an increase in birth rates, complex pregnancies and a shortage of midwives (Hunter

and Warren, 2014). Extended exposure to occupational stress can cause significant physical symptoms for midwives, as well as result in poor self-care and work performance (Pezaro et al., 2016).

Midwifery students also encounter a variety of challenges during their education in both the academic and clinical placement components of the program. Although some students would appear resilient, others struggle, and even withdraw from the program (Lopez et al., 2018; Williams, 2016). Resilience is thought to be a key trait that both health professionals and students require to manage the stresses of their chosen profession (Grant and Kinman, 2014). Retaining midwifery students and graduates is important to address the workforce shortage and to ensure quality maternity services. Embedding resilience development in education programs may contribute to graduate success (McGillivray and Pidgeon, 2015). However, there is a paucity of research relating to the concept of resilience in midwifery, and a deficit in studies that have investigated resilience in the midwifery student population. The aim of this study was to gain insight into how midwifery students conceptualised resilience, and contribute to understanding how education providers might support the development of resilience through their education journey.

* Corresponding author. University of South Australia, School of Nursing and Midwifery, Centenary Building, City East Campus, Frome Road Adelaide, 5000, Australia.

E-mail address: nicole.clohessy@unisa.edu.au (N. Clohessy).

<https://doi.org/10.1016/j.nepr.2019.04.011>

Received 11 October 2018; Received in revised form 1 April 2019; Accepted 16 April 2019

1471-5953/ © 2019 Elsevier Ltd. All rights reserved.

Table 1
Walker and Avant (2013, p.166) 8- step framework of concept analysis.

Walker and Avant Framework (2013)	Description of framework
Step 1: Select a concept	Concepts are basic building blocks in theory construction. Choose a concept which is of interest or associated with your work
Step 2: Define aim and purpose of the analysis	Focus attention on exactly what use you intend to make of the results of your effort
Step 3: Identify multiple uses of the concept	Identify multiple uses of the concept by utilising resources including dictionaries, thesauruses and literature from several academic disciplines
Step 4: Determine the defining attributes	Defining attributes relate to characteristics frequently linked to a concept that commonly appear in references to the concept within a specific context
Step 5: The development of a model case	A model case is recognised as a pure case of the concept. Model and additional cases are used to further define and display attributes of the concept. A focus group has been used to demonstrate a model case.
Step 6: The construction of Additional Cases: Borderline and Contrary cases	A borderline case is a case example that will replicate some but not all of the defining attributes of context. A contrary case reveals a case that is clearly not an example of the concept. A focus group has been used to demonstrate the additional cases.
Step 7: Identify antecedents and consequences of the concept	Antecedents are defined as events or incidents that must happen or be in place prior to the occurrence of the concept. Consequences are identified as the outcomes of the concept
Step 8: The examination of 'empirical referents' of the concept	Empirical referents are measurable ways to reveal the occurrence of a concept; they are categories of actual phenomena that by their existence demonstrate the occurrence of the concept

2. Research design

A focus group was conducted as part of a broader study using a concept analysis methodology. The concept analysis was guided by Walker and Avant eight step framework (2013) (Table 1). Step five and six of the Walker and Avant's Concept analysis framework (2013 p.169) require the development of a model case and additional case, which are 'real life' examples, to further define and display the attributes of the concept (Table 1). To address this, a focus group was conducted with midwifery students.

2.1. Ethical consideration

Ethics approval was gained from the University Human Research Ethics committee (Application ID: 201145) prior to the recruitment of midwifery students. All participants provided written consent prior to the focus group. The focus group was audio recorded and transcribed verbatim, pseudonyms were used to protect the participant's confidentiality and anonymity in written transcriptions and thematic analysis.

2.2. Participants

Using purposive sampling, participants were recruited from a Bachelor of Midwifery program. The inclusion criteria comprised of midwifery students in their final year of study who were undertaking a clinical placement in a tertiary hospital as required to complete the Bachelor of Midwifery program. Third year students were intentionally chosen due to increase clinical experience, and therefore more likely to identify and understand resilience better. The exclusion criteria consisted of first and second year midwifery students. An email was sent to sixty-three final year midwifery students via the Program Academic Support Officer to invite them to participate in the focus group. A participant information sheet was included that outlined the purpose of the study, involvement and intended outcomes. A total of six students completed the consent form prior to the focus group. All participants contributed equally to the discussion and shared their personal stories to describe situations and definitions of resilience.

2.3. Data collection

The primary researcher (NC) facilitated the focus group in a tutorial room within the University. The focus group went for approximately 35 min and was recorded with the use of an audio recorder and smart phone. A secondary researcher (JF) was present to take notes of non-verbal cues and key points of the discussion. A focus group interview guide (Table 2) was used and followed a semi-directive approach, to

Table 2

Focus group interview guide questions.

Introductory question
I am just going to give you a couple of minutes to think about what you understand the term of resilience to be? Is anyone happy to share their thoughts?
Open-ended questions
How do you recognise resilience in midwifery practice?
How does resilience feature in the midwifery undergraduate program?
What personal attributes would you identify in someone who describes themselves as resilient?
Can you identify an example of yourself being resilient on the midwifery program?
Can you identify an example of seeing resilience while on clinical placement?

enable a comprehensive coverage of the subject and increase group interaction (Stewart et al., 2007). Furthermore, the interview guide had an important role in relation to group dynamics (Steen and Roberts, 2011), allowing clear ground rules to be set and to enable equal representations of participant's opinion in a respectful environment (Schneider et al. 2013; Steen and Roberts, 2011).

2.4. Data analysis

Thematic analysis guided by Braun and Clarke's six step approach (2013) was used. This included, familiarity with the data, to generate initial codes, search for themes, and review, define and name themes. The audio transcript was transcribed verbatim by the primary researcher (NC) and each data set was read by the primary researcher (NC) to identify initial codes and to search for themes. Themes were then reviewed by the secondary researchers (JF, LM) and defined across the data set to ensure all participants experiences were represented and to reduce the potential for bias. This was important as the primary researcher (NC) acknowledged that her own experience as a midwife and working with students in practice had influenced the choice to undertake a project to examine resilience in midwifery.

3. Results

All six participants had been enrolled in the Bachelor of Midwifery for a total of three years with five participants enrolled in the program straight from high school and one participant enrolled as a mature aged student. A total of five participants were studying full time through face to face tutorials on campus and one participant studied full time, off campus through a dedicated online learning program. Although all participants attended campus to undertake compulsory clinical skill workshops. Only one participant had a prior qualification as an enrolled nurse, the other five participants had no previous qualifications before entering the midwifery program.

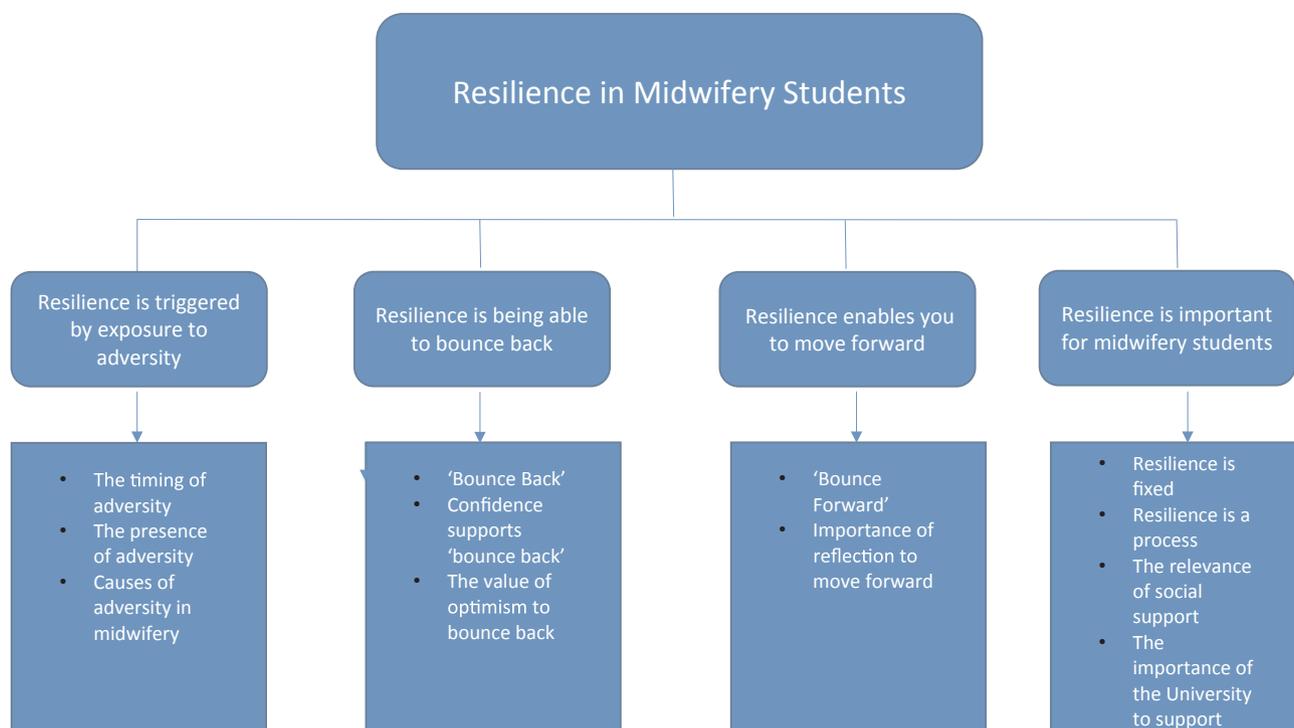


Fig. 1. Concept map.

Four key themes and twelve sub themes, were identified (Fig. 1): Resilience contextualised to midwifery was seen to be triggered by exposure to adversity, resilience was identified as the ability to bounce back, and move forward and participants all acknowledged that resilience was important for midwifery students.

4. Resilience is triggered by exposure to adversity

It was evident in the discussion that all students believed that adversity was present during their study, and that the timing was influential on how they saw themselves or others develop resilience. They identified different causes of adversity and provided examples from clinical placement experiences, such as challenging relationships, staffing pressures including understaffing, fatigue and adverse events as contributing factors. The following quotes provide examples of the themes identified.

4.1. The presence of adversity

The students all spoke about the presence of adversity in their experience as a midwifery student, and described how adversity linked to the development of resilience.

‘I feel like some students may be more resilient if they are exposed to more complex things ...’ [Student 1]

‘... it is largely dependent on what you are exposed to I think personally’ [Student 2]

‘I was just going to say how you react to adversity’ [Student 3]

4.2. The timing of adversity

The timing of the exposure to adversity was raised by several participants, students indicated the earlier the exposure the more resilient the midwifery student would become throughout the program. Though it was acknowledged that too early could also be challenging.

‘It depends what you have been exposed to and when, I know in first year, I was first exposed to a couple things that have definitely shaped my resilience earlier on ...’ [Student 3]

‘... I have been exposed to things later now in third year that I know If I was exposed to them in first year would off affected me in a completely different way because I have already had the two years of building the resilience ...’ [Student 4]

4.3. Causes of adversity in midwifery

Adversity was predominantly described when participants discussed placement experiences that were *‘intense and stressful’* several examples were recalled when participants described;

‘... someone spoke to you not so nicely, or you had a difficult woman or something happened un-expectantly ...’ [Student 5]

One participant relayed her experience on a neonatal placement, where she described the shift as stressful and identified a number of mistakes she had made but acknowledged this adverse experience triggered resilience;

‘when you have a lot of little things stacked up on each other ... I didn’t do the feed properly and then I wrote in [the clinical] notes and forgot to document all this stuff ... I don’t feel competent anymore, I don’t feel that confident in myself, and then I think going home and acknowledging it was a bad day, and coming back from that saying that it wont ruin your experience there and saying you just have to move on.’ [Student 6]

4.4. Resilience is being able to ‘bounce back’

It was evident in the discussion that several students shared the belief that resilience within the midwifery context is being able to ‘bounce back’. Additionally, students also believed that being able to bounce back was supported by personal qualities including confidence and optimism.

4.5. 'Bounce back'

Most of the participants in the focus group used the phrase 'bounce back' at some point in the conversation to describe resilience in midwifery as evident in these quotes:

'I think it is being able to like bounce back from a situation' [Student 1]

'Bounce back came to my head straight away' [Student 3]

'... so when an adverse event happens people go to water and its hard to bounce back when you are just so physically and mentally drained' [Student 5]

4.6. Confidence supports 'bounce back'

Students discussed confidence and highlighted the relationship between self-confidence and resilience and being able to 'bounce back':

'Like a confident person probably, they would be like I did the best I could and this is what I did in the situation, like being happy with what they have done and not second guessing like I should of done that.' [Student 2]

One participant identified their personal belief that experience in the midwifery profession would correlate with the ability of a midwife to be resilient, as they would be more confident in their practice.

'... An experienced person I think, when you work with midwives who are older or even doctors ... I think those people are much more resilient ...' [Student 6]

4.7. The value of optimism to bounce back

Additionally, participants identified optimism as a key factor that supported resilience and enabled them to bounce back after experiencing challenges.

'I think quite a positive personality [supports resilience], so the individual has the ability to take a negative situation and identify these are the positive things that I saw from it ...' [Student 5]

Several students also identified the importance of utilising optimism while on clinical placement.

'I think being able to look at your own actions critically and be like ok maybe I didn't do it so well this time lets think about what I could do better next time ...' [Student 3]

'... Being resilient in that you address and identify I have had three bad days, I have either debriefed the whole thing with every one that I have wanted to and then be like I am done and get up the next day and have a good day ...' [Student 2]

4.8. Resilience enables you to move forward

The ability to move forward was raised as an extension to 'bouncing back'. Alongside this, the term 'reflection' was frequently used in the discussion as a key factor that enabled students to move forward through the challenging environment of the program, however the extent of formal reflection for academic purposes was viewed negatively by some students.

4.9. 'Bounce forward'

Students clearly understood that moving on positively, captured in the term 'bounce forward' was important in the process of being resilient.

'I think definitely taking a situation and looking at the positives and

negatives of it and also kinda shaping that experience positively to guide other experiences in the future' [Student 3]

'Being able to take feedback that you have been given or things that have happened and being able to spin them into a positive and sought of build upon what you have learnt and what people have told you to be able to do it better the next time and just come back a bit stronger' [Student 6]

4.10. The importance of reflection to move forward

Participants believed that reflection was a vital part of resilience and noted that a 'reflective person' demonstrated resilience that enabled them to move forward. A participant was able to describe the importance of reflection in being resilient;

'I think when midwives and within a team they are able to debrief and reflect upon what has happened and being able as a team come back better for the next time ...' [Student 3]

Midwifery student participants were able to apply the importance of reflection in relation to resilience in the midwifery program;

'...all the reflections that we write teach helping us to become more resilient because we are being taught to reflect on our own practice and if you see something confronting or if something happens we have to reflect on it and I think that helps us ...' [Student 1]

It was emphasised by one participant that a lack of positive reflection would result in lower resilience.

'... Someone that is really harsh on themselves so in their reflection like they don't see any positives of the situation would be someone that I see as not as resilient ...' [Student 6]

Interestingly, the utilisation of repetitive reflection was viewed negatively among some participants.

'I think sometimes that can be harder as a student because you live that work like if you finish your day and your like wow that was a crappy day and you have to reflect come home and reflect on it five times' [Student 3]

'Then you have to be reminded of it [negative situation] again and again and then it sits in your portfolio so then they [university teachers] bring up when were your bad days and you are like well check my reflections' [Student 5]

4.11. Resilience is important for midwifery students

The focus group discussion presented a divided opinion surrounding whether resilience is a fixed trait or a process that can be developed. However, all participants agreed it was important for midwifery students, identifying social support from peers and the university were important to foster resilience. They suggested the university had a role in supporting the development of resilience but reported it was up to the individual student to cultivate resilience.

4.12. Resilience is fixed

Resilience was viewed by some midwifery student participants as a fixed trait:

'... at university you know they teach us the skills that we might need to practice with resilience but I think personal resilience comes more within yourself' [Student 2]

'I think it's like a personality trait a little bit as well in like some people would probably be more resilient in what they have experienced throughout their life ...' [Student 6]

'Yeah, I think resilience is largely based on your personality traits ...'

[Student 5]

4.13. Resilience is a process

However, alternatively one participant described resilience as ‘... more of a development kind of thing’ [Student 3]

With other participants agreeing;

‘I think you have a few bad experiences or bad days that because they just happen you have to be resilient in the fact that you just have to come back to placement because you need it, you can't just quit so I think that keeping on going just because you have to naturally builds resilience but then you can be actively trying to identify being resilient as well I think it's a passive and active thing.’

‘Yeah, I think not everyone is inherently resilient I think you can learn it ...’ [Student 5]

4.14. The relevance of social support

In several descriptions of a resilient midwife or midwifery student the phrases ‘team’, ‘back up’, ‘supported environment’ and ‘support’ occurred.

‘I think it easier to be resilient when you are in a supportive environment so if you have people you can come home to and debrief with and talk to about it, and they can help you talk through it or if you have a team at work you can talk to about and help you be resilient ... I think that a big contributor if you don't have that support then its quite hard I think. [to be resilient]’ [Student 1]

A barrier to using social support was identified, particularly around ‘confidentiality’ within the profession;

‘Sometimes confidentiality also come into it, you know you can't go home and you can't tell your partner or your family about what happened because they may know them and sometimes you really have to choose who you debrief with and you surround yourself with like-minded people that can hear what you have to say ...’ [Student 4]

The participants recognised a variety of individuals that provided essential support throughout the midwifery program thus enhanced midwifery student resilience.

‘I think resilience is something you are supported through in developing on your own, you surround yourself with your peers, you surround yourself with your lecturers and supervisors your family and they support you while you are still finding your feet ...’ [Student 6]

‘... I just admired [the midwives] courage to be resilient enough to like lift me up as well as it was my first year I was beside myself and what I had just seen and she was amazing to be able to level out the situation.’ [Student 2]

Additionally, participants highlighted how they used their peer's experiences as a reality check to see whether what they were experiencing was normal.

‘I think just talking to other peers of what they have experienced you often find something quite similar and then you will feel a lot better like its not just me that has experienced that or something ...’ [Student 1]

4.15. The importance of the university to support resilience

There was general agreement among participants surrounding the midwifery students role in resilience;

‘... yes you can be taught [at university] how to implement it [resilience] but its up to you to actually implement ... its not a skill you can just suddenly do one day it is going to be something you have to do yourself.’

[Student 5]

Another student discussed the importance of resilience while being a midwifery student:

‘... if you can then come to terms with that and build resilience from there then you are more prepared to go out and work in an environment where you are the one in control of those scary situations’ [Student 1]

5. Discussion

This study provides important insights into resilience contextualised to midwifery from the perspective of third year midwifery students. The participants were familiar with, and able to describe resilience in line with the literature (Earvolino-Ramirez, 2007; Garcia-Dia et al., 2013; Richardson, 2002). They gave clear examples of how it was demonstrated within the context of their program and clinical placements reflecting current research that resilience is a dynamic process that can be developed and improved (Williams, 2016; Hunter and Warren, 2014; Garcia-Dia et al., 2013; Earvolino-Ramirez 2007).

5.1. Adversity a trigger for developing resilience

It appears, that for these students, resilience was triggered by exposure to adversity, a finding consistent with literature on resilience (Garcia-Dia et al., 2013; Earvolino-Ramirez 2007; Gillespie et al., 2007). The challenges presented by adversity in the midwifery context are well documented (Hunter and Warren, 2014). Adverse work conditions in response to staff shortages and increased workload were raised repeatedly in the focus group discussion. Traumatic events, conflict in ideologies and challenging relationships between health professionals were also consistently noted as a source of stress (Hunter and Warren, 2014; Sheen et al., 2015). Students shared their personal experiences with adversity, providing examples including interactions with staff and women while on clinical placement. Students also noted that successfully completing the theoretical components of the midwifery program was a source of stress. Other studies exploring midwifery student experiences have reported similar stressors (Williams, 2016; Hogan et al., 2018; Cillingir et al., 2011). Interestingly, in this focus group, participants were able to make connections between adversity and developing resilience. Commonly, the focus of their discussion did not linger on the negative aspects of the profession and program. Instead participants moved on from this to explain attributes and strategies that they had observed and/or performed themselves to enable a positive response to adversity. These included confidence, optimism, reflection and social supports.

5.2. Attributes and strategies for developing resilience

The term ‘bounce back’ was used recurrently to describe resilience in the midwifery context, with confidence acknowledged as a key attribute to be able to ‘bounce back’. Confidence has been recognised in several studies as an important attribute in developing resilience (Hunter and Warren, 2014; Cope et al., 2016). Importantly, self-confidence is a key indicator of clinical ability and developing competence (Ertekin et al., 2018). Hunter and Warren (2014) found that resilient midwives who demonstrated self-efficacy, showed confidence in their professional role and their capability to take on challenges and effect change in the work environment. Similarly, high levels of confidence in midwifery students has been shown to improve clinical practice skills, success in interpersonal relationships and academic outcomes (Ertekin et al., 2018). Confidence has also been identified as an important factor in workplace wellbeing and morale (Bedwell et al., 2015; Hunter and Warren, 2014).

Purposefully cultivating confidence has been recommended as a strategy to address growing concerns regarding increased stress and low

morale within the midwifery context (Ertekin et al., 2018; Kordi et al., 2015; Hunter and Warren, 2014). For example, simulation and web-based training interventions have been utilised to improve midwifery students' self-confidence to manage postpartum hemorrhage (Kordi et al., 2015). The simulation experience was seen to reduce students' anxiety and stress to face 'real life' emergency situations and led to an increased mental preparedness and ability to implement these clinical skills (Kordi et al., 2015). Education providers may have the ability to incorporate strategies, such as simulation, that cultivate confidence and foster resilience.

Students also recognised that being able to move on, was necessary in order to face future situations well. Optimism was also identified as an integral factor in resilience (Lopez et al., 2018; Cope et al., 2016; Williams, 2016; Hunter and Warren, 2014; Stephens, 2013). Specifically, the combination of optimism underpinned by reflection allowed an individual to have an optimistic viewpoint when faced with an adverse situation (Cope et al., 2016). Supporting this, positive reflection was identified as a key attribute to support moving forward after challenges. Within Australia, reflective practice is embedded within the midwife standards for practice and is essential for midwives who practice as accountable and autonomous practitioners (Nursing and Midwifery Board of Australia, 2018). Reflective practice is also incorporated into the midwifery education standards (Australian Nursing and Midwifery Accreditation Council, 2014). Within higher education student are encouraged to regard clinical placements as an opportunity to learn and are encouraged to reflect on the challenges they face (Lopez et al., 2018). Importantly, reflection is linked student's development of critical thinking and enables integration of theory and practice (Collington and Hunt, 2006). Collington and Hunt (2006) found that midwives who learnt reflective practice in their training generally maintained the practice in their career.

There is an increasing amount of literature to support the importance of teaching reflection in undergraduate midwifery programs with a variety of strategies utilised to guide the development of reflective practice (McCallister and Mckinnon, 2009; Bass et al., 2017). In this study, the participants identified the value of reflection away from the clinical placement environment, to help gain perspective. The students drew on a narrative process, in the form of writing, to reflect on aspects of their clinical placement and continuity of care experiences. Reflection in the form of written narratives has been identified as an appropriate method to support the development of self-awareness, empathy and communication in health professionals (Bolton, 2010). In addition, utilising a reflection framework enables education providers to evaluate the student's critical thinking skills (Gallagher et al., 2017). It is worth noting however, that some students viewed written reflection less positively, particularly due to the repetitious nature and perceived workload. It has also been suggested that fear of vulnerability, difficulty engaging in reflection and issues in sharing personal information may impede reflective practice highlighting the need for reflection to be undertaken with support, direction and follow up (Fejes, 2008). One model, known as the 'Holistic Reflection Model' specifically developed for midwifery students draws on reflective conversations as a supportive way to link theory and practice while providing an opportunity for academic staff to observe the students reflective practice (Bass et al., 2017). Further exploration of models to guide and develop reflective practice within a supportive framework in undergraduate midwifery programs would be valuable.

As may be expected, social support was seen as vital when it came to coping with adversity. Support has been associated with increased perspective and ability to debrief about traumatic experiences (Hunter and Warren, 2014). Social support has been identified extensively in literature as important to promote resilience (Lopez et al., 2018; Cope et al., 2016; Williams, 2016; Hunter and Warren, 2014; Crombie et al., 2013; Gillespie et al., 2007). McDonald et al. (2012) found that a work-based, educational program implemented for nurses and midwives to develop resilience, was successful because it increased supportive

professional relationships among participants and enhanced communication between co-workers. Furthermore, Cope and colleagues (2016a and b) believed mentorship as a form of support, provided a way to 'pay it forward' in terms of mentoring others fostered resilience in both parties. Additionally, mentorship has been recognised as a predictor of resilience (McCallister and Mckinnon, 2009). This is significant, highlighting the potential for education providers to embed mentorship as a strategy to formalise midwifery students' social support throughout the program.

Support from family and friends was also discussed in the focus group, however these students placed more emphasis on having support from colleagues and peers. This may be in relation to the need to separate practice and university from home life as identified in several studies (Adamson et al. 2014; McCann et al. 2013). It is evident however, that support between peers contributed to students ability to manage adversity and improve their academic and practical skills (Jackson et al., 2011). Peer support has also shown to improve coping in regards to aggression and bullying in the clinical environment for nursing students (Jackson et al., 2011). This aligns well with the midwifery student population, as challenging relationships are a common source of adversity (Cillingir et al., 2011; Pines et al., 2014). Additionally, peer support assists in developing professional identity and increase retention within the midwifery profession (Clements et al., 2012). Strategies which foster peer support within midwifery education programs are needed.

5.3. Limitations

This paper was undertaken as a Masters project and due to time constraints only one focus group was conducted. While a sample size of six students is sufficient for a focus group (Beyea and Nicoll, 2000), an additional focus group may have been beneficial to explore a broader perspective. Although the focus group only lasted a duration of 35 min, students provided many examples which other students gave accent to through nods and verbal agreement. All students who participated shared personal stories and identified examples which articulated a common understanding of resilience. There seemed to be a consensus that they understood the concept and did not need to elaborate further. However, other methods such as interviews might enable a more in-depth exploration of the topic. Nevertheless, with limited research on resilience contextualised to midwifery students this study adds to the growing body of knowledge.

6. Conclusion

This study provides insight into the concept of resilience experienced by midwifery students to reinforce the significance resilience has in both the practice and theoretical aspects of midwifery education. The dynamic nature of resilience was evident and aligns with research that proposes that resilience can be learned, and education providers have a role to support midwifery student's development of resilience (Hunter and Warren, 2014; Stephens, 2012; McDonald et al., 2012; Taylor and Reyes, 2012; Ertekin et al., 2018; Richardson, 2002). There is a need for further research into strategies that can be adopted by education providers to contribute to resilient students and graduates.

Declarations of interest

None.

Source of funding

This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

Acknowledgements

The midwifery students who participated in the focus group.

References

- Adamson, C., Beddoe, L., Davys, A., 2014. Building resilient practitioners: definitions and practitioner understandings. *Br. J. Soc. Work* 44 (3), 522–541.
- Australian Nursing and Midwifery Accreditation Council, 2014. **Midwife accreditation standards**. [ONLINE] Available at: https://www.anmac.org.au/sites/default/files/documents/ANMAC_Midwife_Accreditation_Standards_2014.pdf, Accessed date: 7 July 2018.
- Bass, J., Fenwick, J., Sidebotham, M., 2017. Development of a Model of Holistic Reflection to Facilitate Transformative Learning in Student Midwives *Women And Birth*, vol. 30. pp. 227–235 3.
- Bedwell, C., McGowan, L., Lavender, D.T., 2015. Factors affecting midwives' confidence in intrapartum care: a phenomenological study. *Midwifery* 31 (1), 170–176.
- Beyea, S.C., Nicoll, L.H., 2000. Learn more using focus groups. *AORN J.* 71 (4), 897–900.
- Bhamra, R., Dani, S., Burnard, K., 2011. Resilience: the concept, a literature review and future directions. *Int. J. Prod. Res.* 49 (18), 5375–5393.
- Bolton, G., 2010. *Reflective Practice: Writing and Professional Development*. SAGE, Los Angeles.
- Catling, C.J., Reid, F., Hunter, B., 2017. Australian midwives' experiences of their workplace culture. *Women Birth* 30 (2), 137–145.
- Cillingir, D., Gursoy, A.A., Hintisan, S., Ozturk, H., 2011. Nursing and midwifery college students' expectations of their educators and perceived stressors during their education: a pilot study in. *Turk. Int. J. Nurs. Pract.* 17 (5), 486–494.
- Clements, A.J., Kinman, G., Guppy, A., 2012. You could damage somebody's life: student and lecturer perspectives on commitment. *Soc. Work. Educ.* 33 (1), 91–104.
- Collington, V., Hunt, S.C., 2006. Reflection in midwifery education and practice: an exploratory analysis. *Evid. Based Midwifery* 4 (3), 76–82.
- Cope, V., Jones, B., Hendricks, J., 2016. Why nurses chose to remain in the workforce: portraits of resilience. *Collegian* 23 (1), 87–95.
- Crombie, A., Brindley, J., Harris, D., Marks-Maran, D., Thompson, T.M., 2013. Factors that enhance rates of completion: what makes students stay? *Nurse Educ. Today* 33 (11), 1282–1287.
- Earvolino-Ramirez, M., 2007. Resilience: A concept analysis *Nursing Forum* 42 (2), 73–82 (2007).
- Ertekin, P.S., Yildirim, G., Sayin, N., 2018. Investigating the psychological resilience, self-confidence and problem-solving skills of midwife candidates. *Nurse Educ. Today* 64 (1), 144–149.
- Fejes, A., 2008. Governing nursing through reflection: a discourse analysis of reflective practices. *J. Adv. Nurs.* 64 (3), 243–250.
- Gallagher, L., Lawler, D., Brady, V., Oboyle, C., Deasy, A., Muldoon, K., 2017. An evaluation of the appropriateness and effectiveness of structured reflection for midwifery students in Ireland. *Nurse Educ. Pract.* 22 (1), 7–14.
- Garcia-Dia, M.J., Dinapoli, J.M., Garcia-Ona, L., Jakubowski, R., Flaherty, D., 2013. Concept analysis: Resilience. *Arch. Psychiatr. Nurs.* 27 (6), 264–270.
- Gillespie, B.M., Chaboyer, W., Wallis, M., Grimbeck, P., 2007. Resilience in the operating room developing and testing of a resilience model. *J. Adv. Nurs.* 59 (4), 427–438.
- Hogan, R., Orr, F., Fox, D., Cummins, A., Foureur, M., 2018. Developing nursing and midwifery students' capacity for coping with bullying and aggression in clinical settings: students' evaluation of a learning resource. *Nurse Educ. Pract.* 29 (1), 89–94.
- Hunter, B., Warren, L., 2014. Midwives' experiences of workplace resilience. *Midwifery* 30 (8), 926–934.
- Jackson, D., Hutchinson, M., Everett, B., Mannix, J., Peters, K., Weaver, R., Salamonson, Y., 2011. Struggling for legitimacy: nursing students' stories of organisational aggression resilience and resistance. *Nurs. Inq.* 18 (2), 102–110.
- Kordi, M., Rashidi Fakari, F., Khadivzadeh, T., Mazloun, S.R., Akhlaghi, F., Tara, M., 2015. Effects of web-based training and educational simulation on midwifery students' self-confidence in postpartum hemorrhage management. *J. Midwifery. Reproductive Health* 3 (1), 262–268.
- Lopez, V., Yobas, P., Chow, Y.L., Shorey, S., 2018. Does building resilience in undergraduate nursing students happen through clinical placements? A qualitative study. *Nurse Educ. Today* 67 (1), 1–5.
- Masten, A., Garmezy, N., 1985. Risks, vulnerability and protective factors in developmental psychopathology. In: Lahey, B., Kazdin, A. (Eds.), *Advances in Clinical Child Psychology*. Springer, New York.
- McCallister, M., Mckinnon, J., 2009. The importance of teaching and learning resilience in the health disciplines: a critical review of the literature. *Nurse Educ. Today* 29 (4), 371–379.
- McCann, C.M., Beddoe, E., McCormick, K., Huggard, P., Kedge, S., Adamson, X., Huggard, J., 2013. Resilience in health professions: A review of recent literature. *Int. J. Wellbeing* 3 (1), 60–81.
- McDonald, G., Jackson, D., Vickers, M.H., Wilkes, L., 2012. A work-based educational intervention to support the development of personal resilience in nurses and midwives. *Nurs. Educ. Today* 32 (4), 378–384.
- McGillivray, C.J., Pidgeon, A.M., 2015. Resilience attributes among university students: a comparative study of psychological distress, sleep disturbances and mindfulness. *Eur. Sci. J.* 11 (5), 33–48.
- Nursing and Midwifery Board of Australia, 2018. **Midwife Standards For Practice**. [ONLINE] Available at: <https://www.nursingmidwiferyboard.gov.au/codes-guidelines-statements/professional-standards.aspx>, Accessed date: 7 July 2018.
- Pezaro, S., Clyne, W., Turner, A., Fulton, E., Gerada, C., 2016. Midwives Overboard!' inside their hearts are breaking, their makeup may be flaking but their smile still stays on. *Women Birth* 29 (3), 59–66.
- Pines, W.E., Rauschhuber, L.M., Cook, D.J., Norgan, H.G., Canchola, E.L., Richardson, E.C., 2014. Enhancing resilience, empowerment, and conflict management among baccalaureate students: outcomes of a pilot study. *Nurse Educat.* 39 (2), 85–90.
- Richardson, G.E., 2002. The metatheory of resilience and resiliency. *J. Clin. Psychol.* 58 (3), 307–321.
- Sanderson, B., Brewer, M., 2017. What do we know about student resilience in health professional education? A scoping review of the literature. *Nurse Educ. Today* 58 (1), 65.
- Schneider, Z., Whitehead, D., Lobiondo-Wood, G., Haber, J., 2013. *Nursing and Midwifery Research: methods and appraisal for evidence based practice*, 4th edn. Mosby Elsevier, Sydney.
- Sheen, K., Spiby, H., Slade, P., 2015. Exposure to traumatic perinatal experiences and posttraumatic stress symptoms in midwives: prevalence and association with burnout. *Int. J. Nurs. Stud.* 52 (2), 578–587.
- Steen, M., Roberts, T., 2011. *The Handbook of Midwifery*. Research Wiley, Hoboken.
- Stephens, T.M., 2013. Nursing student resilience: a concept clarification. *Nurs. Forum* 48 (2), 125–133.
- Stewart, D.W., Shamdasani, P.N., Rook, D.W., 2007. *Focus Groups: Theory and Practice*. SAGE, London.
- Taylor, H., Reyes, H., 2012. Self-efficacy and resilience in baccalaureate nursing students. *Int. J. Nurs. Educ. Scholarsh.* 9 (1), 1–15.
- Todman, L.C., Fraser, F.C., Corstanje, R., Deeks, L.K., Harris, J.A., Pawlett, M., Ritz, K., Whitmore, A.P., 2016. Defining and quantifying the resilience of responses to disturbance: a conceptual and modelling approach from soil science. *Sci. Rep.* 6 (1), 1–12.
- Walker, L.O., Avant, K.C., 2013. *Strategies for Theory Construction in Nursing*. Pearson Education Limited, Edinburgh.
- Warland, J.E., Rice, H.M., 2013. Bearing Witness: Midwife's Experiences of Witnessing Traumatic Birth *Midwifery*, vol. 29. pp. 1056–1063 9.
- Williams, J., 2016. Navigating the midwifery undergraduate programme: is resilience the key? *Br. J. Midwifery* 24 (11), 790–798.