Abstract

Aim: The aim of this literature review is to analyse the literature in order to answer the research question of *'does preceptorship for newly qualified midwives support them to become competent and confident practitioners?'*

Methods: Using a systematic review process, literature was searched for and using an inclusion/exclusion criteria either eliminated or deemed appropriate to use. There were six pieces of relevant literature that met the inclusion criteria. Themes were derived from the chosen pieces of literature via thematic analysis and analysed.

Results: The themes derived from the literature consisted of two main themes; a named lead for the preceptorship programme was beneficial and the time that midwives had to complete the programme was insufficient. Three sub-themes were also identified as important consisting of; feedback and reflection, supernumerary time and ability of the preceptor.

Conclusion: There is an evident lack of primary research into newly qualified midwives, preceptorship and gaining competence and confidence. More primary research is needed to assess this notion. In addition, preceptors also need to be trained to ensure they have the right attributes to adequately support, teach and assess junior midwives.

Gavin Moore

Background

Preceptorship is defined by the NMC as a period of time whereby a newly qualified registrant is supported and guided to make the transition from student to competent practitioner (NMC, 2006; DH, 2010b). New midwives will require support from their colleagues, line managers and supervisors of midwives (NMC, 2006) in order to achieve completion of a preceptorship programme.

Although preceptorship remains high on the health care agenda the delivery of programmes remains the responsibility of the local Trust and is variable in terms of time provided and content (Mason & Davies, 2013). A period of preceptorship will usually be established for a minimum of eighteen months and a maximum of two years (full time or equivalent) (Feltham, 2014). Whilst most hospital Trusts and organisations recommend that it is for 18 months, it will generally be for most midwives about 2 years, with the understanding that it may vary according to individual needs. However, the NMC (2006) state that the minimum preceptorship period could be as short as four months, but this is arguable nowhere near long enough and this will be discussed throughout this systematic review. The DH (2010b) do not state the amount of time required to complete a preceptorship programme and simply discuss that this will be determined on an individual basis. However, this creates uncertainty and a disparity across the country as to what programmes of support are offered to our newly qualified practitioners and how achievable and supportive they are.

The transition from student to midwife is a stressful time for new staff (Park et al., 2010) and without the correct support and time allowed to achieve competence our newly qualified midwives are at risk of developing anxiety (Whitehead, 2001). In addition, due to the stress and anxiety that transition instils, our newly qualified midwives are also at risk of making mistakes, and this may result in them experiencing a state of shock due to the transition from

student to midwife (Reynold, Cluett & Le-May, 2014). This lack of support ultimately contributes to the attrition of newly qualified midwives with between 5 and 10% leaving the career within a year of graduation (Royal College of Midwives, [RCM] 2010). As a knock on effect our future generation of midwives are left feeling vulnerable and may not acquire the competence and skills required to become confident practitioners by the end of the programme. In addition, as the responsibility lies with the employer this has arguably led to preceptorship being de-prioritised due to budget cuts, time and resources (Davies & Mason, 2009), therefore even in Trusts that seem to have a good package of support for their newly qualified staff due to time constraints, staffing and lack of budget for training this also has an impact on the quality of the support staff receive (Reynold, Cluett & Le-May, 2014).

The rationale for choosing the topic of midwifery preceptorship is to explore if newly qualified midwives are being supported throughout this transitional period. This support is very important to their development into a competent and confident practitioner due to the accountability that a midwife holds. If a newly qualified midwife is not given the correct support throughout the preceptorship period then this could ultimately have an effect on the midwife's ability to become a safe and competent practitioner and thus may affect patient safety and their future career (Feltham, 2014; Foster & Ashwin, 2014).

Methodology

A review of the literature was undertaken using both generic and midwifery related databases (Appendix 1). A search for grey literature was also undertaken with a view to making the analysis of data more robust and reliable. Key words known as Boolean terms were identified to search for the appropriate literature, these included: *'Preceptorship', 'Band 5 midwives', 'Newly qualified midwives', 'Support', 'Clinical competence', 'Professional competence'* and *'Confidence'*.

Inclusion and Exclusion criteria

The inclusion and exclusion criteria for this thesis are illustrated in table 1. The importance of pre-defined inclusion and exclusion criteria ensures that the relevant literature is selected for analysis in order to answer the research question set (Aveyard, 2014). Having a broad or limited inclusion/exclusion criteria could create bias or skew the data being analysed therefore rendering it as not reliable (Aveyard, 2014).

Review of the literature

The DH (2010b) recommends a preceptorship package that focuses on reflection and self-directed learning but does not include the idea of a model that requires the new member of staff to be assessed again. Midwives are deemed competent and confident at the point of registration (NMC, 2007). However, the NMC (2009) conversely say that the competence to care for high risk complex cases comes after initial registration and it is therefore likely that although they are accountable practitioners at the point of registration they may not be fully conversant with a wide range of skills required of them to do their job effectively for example; care for complex women and families (DH, 2008). Furthermore, although you could argue that their knowledge and competence has been assessed at undergraduate level the transition into a qualified professional then requires a whole new level of competence and confidence that potentially needs to be re-assessed during their preceptorship programme. Skills such as decision making and leadership are not often acquired at undergraduate level and are imperative to midwifery practice (Avis & Fraser, 2013). These would be an example of skills and knowledge that would need to be re-assessed at graduate level to determine competence and confidence has been achieved. The introduction of a structured preceptorship programme containing assessments around communication, professional values, decision

making skills, leadership and team working (NMC, 2014) would be key elements of the assessments that would need to be achieved to be successful in achieving the status of confident and competent practitioners and should not be excluded from forming part of the preceptorship programme in midwifery. By analysing the pieces of literature for the purposes of this thesis the themes generated may highlight a focus on the need to measure this.

Themes

The process of thematic analysis was used to retrieve the themes and sub themes from the six pieces of literature used for the purpose of this literature review. These are identified in Table 2.

Main Themes:

Programme co-ordinator and Support

The importance of having a lead for preceptorship at a senior level was highlighted as a main theme during the thematic analysis of the literature. Five out of six of the pieces of literature discussed that newly qualified midwives felt that support via a preceptorship lead/co-ordinator was important in ensuring the programme ran smoothly and they were able to achieve their learning outcomes and competencies appropriately throughout. The DH (2010b) and the NMC (2006) fail to state any guidance on a preceptorship lead to co-ordinate the programme however; this is considered an important element to the programme. In most pieces of literature that have both been used for this literature review the responsibility of co-ordinating the preceptorship programme lies with the Practice Development Midwife (PDM) (Power, 2016; Hughes & Fraser, 2011; Mason & Davies, 2013). Although the role of the PDM appears to be of benefit (Hughes & Fraser, 2011) the research around the role of the PDM is limited and more research is needed to be able to understand the role that the PDM

has across the country (Mason & Davies, 2013; Hughes & Fraser, 2011). This therefore raises the question as to whose responsibility it is to lead on the preceptorship programme and with no guidance from the regulatory bodies like the NMC or Department of Health, the responsibility of how each programmes lies with the Trust, adding to the already discussed disparity amongst the UK. As the research and literature actively supports the notion that a lead for the programme is paramount in supporting the newly qualified staff to achieve successful completion of the programme, more time and resources needs to be allocated to ensuring this is achieved in each Trust.

Furthermore, now that statutory supervision in midwifery is no longer in place (DH, 2016), it is more important than ever to support our junior staff to become competent and confident practitioners or they risk leaving the profession (Foster & Ashwin, 2014) or becoming the subjects of a fitness to practice concern (Avis & Fraser, 2013; Smith, 2011). By having a structured preceptorship programme staff are less likely to become anxious, depressed or make mistakes (Fenwick et al., 2012). However, with a lack of guidance or statutory regulation from the regulatory bodies such as the NMC and DH, employers will ultimately continue to lack focus, time and resources into preceptorship and thus provide insufficient support to newly qualified midwives putting them in an increasingly vulnerable position to be able to succeed. With a lack of time and resources, online learning could be the way forward to enable junior staff to learn, gain knowledge and use their decision making skills via set programmes of study. The ‘Flying start programme’ that was implemented in Scotland that formed an online web based learning programme from newly qualified staff. It aimed to increase the confidence and competence of newly qualified staff (Banks et al., 2011). Although online learning has it’s challenges with regards to individual IT skills and taking responsibility for one’s own learning, the outcome of this online learning package has

highlighted that staff experienced increased confidence and reported clinical skills development as a result (Banks et al., 2011).

Time

In five out of six of the pieces of literature, the of lack of time to complete the paperwork and protected time to spend with the preceptorship lead and/or preceptor was highlighted and derived as a main theme during the thematic analysis of the literature. This was also described as 'organisational constraints' in some pieces of literature consisting of barriers such as low staffing levels, rising birth rates, lack of break times and tired staff. However, due to the increasing amount of pressure being placed on maternity services including rising birth rates, increasing complexity of patients accessing the service and financial constraints unfortunately the time for preceptorship support and co-ordination is somewhat limited (Hughes & Fraser, 2011). This lack of time coupled with the added pressures of becoming a newly registered professional such as; responsibility and accountability (Foster & Ashwin, 2014) has a recipe to cause much anxiety and a feeling of uncertainty amongst new staff.

Additional organisational constraints such as; excessive workload and low staff morale (Mason & Davies, 2013) also adds to the pressure that newly qualified midwives face on a daily basis. Therefore, the main theme of lack of time to complete the requirements needed to complete a preceptorship package effectively is somewhat impacted (Hughes & Fraser, 2011) and thus has a damaging impact on the confidence and competence of our newly qualified staff. These organisational constraints could then make it near impossible to ensure that adequate support is in place for our newly qualified midwives (Hughes & Fraser, 2011).

Subthemes:

Supernumerary time

The time allocated for a supernumerary period was highlighted as an issue amongst newly qualified midwives and managers. The midwives felt that this time allowed them to settle into their new role and become familiar with their new environment without the increased pressure of being expected to take on the same workload as other more experienced colleagues (Foster & Ashwin, 2014; Hughes & Fraser, 2011). The supernumerary period has been deemed an important aspect of the preceptorship period for these reasons and unfortunately again due to organisational constraints the length of time allocated to new staff for a supernumerary period varies greatly between employers and even on different wards dependant on staffing numbers, sickness and how busy the unit is (Hughes & Fraser, 2011). However, the NMC (2006) and DH (2010b) do not have any guidance on what is a recommended length of time to be classed as supernumerary, again leaving the responsibility with the employer to arrange and implement. The guidance that most Trusts in the region employ as a period of supernumerary time is approximately seventy five hours in each area (Foster & Ashwin, 2014), which equates to six, twelve hour shifts. Meaning full time staff will have two weeks supernumerary in each area/ward. Often mandatory training and Trust induction days may be included in these hours and therefore the importance of a lead for preceptorship would be beneficial to ensure that time is allocated appropriately for training. However, a midwife can often be allocated as supernumerary on the rota and then due to staff shortages has to become part of the team and is expected to take on an increased work load (Bannister, 2014). It was also reported that newly qualified staff should stay where they are allocated during the supernumerary period however staff are sometimes ‘pulled’ to work on other wards or in other areas to cover sickness or during busy episodes (Mason & Davies, 2013). This results in new staff becoming increasingly vulnerable and unsupported with the potential to make mistakes or the inability to ask for help (Fenwick et al., 2012) especially during busy periods because of the fear of irritating other senior colleagues.

Due to the lack of guidance from regulatory bodies resulting in disparity between Trusts/employers this is likely to remain an ongoing problem until set guidance is attained and implemented. More research is needed to identify the extent to which the supernumerary period differs amongst employers of midwives in the UK, only then will it become more apparent as an issue to the NMC and DH and potentially cause them to establish some clear guidance as to what is reasonable.

Ability of preceptor

The DH (2010b) has a detailed description of what is required of a preceptor including attributes such as; an inspirational role model, excellent at problem solving, can give feedback in a constructive feedback, can conduct annual appraisals and excellent at time management being some of them, it is clear to see that expectations of the role are very high. Due to the ageing midwifery workforce (Merrifield, 2017) and early retirement of senior staff, unfortunately this has meant that senior and experienced staff are leaving and thus creating a widening gap between junior and senior staff. The staff that usually fill this gap are ideal preceptors due to their experience and expertise. This means that newly qualified staff are ultimately being partnered with inexperienced staff in some instances due to the decreasing amounts of senior midwives around.

The demands of becoming a preceptor for newly qualified staff should not be undermined and misconstrued. Due to this role being one of importance and needing key assets to be deemed to have the eligible skills and knowledge to be a named preceptor it could be argued that they need to undergo some training to fulfil the role effectively (Foster & Ashwin, 2014). During the research undertaken by Mason & Davies (2013) it was recognised that during their focus groups with newly qualified midwives some staff lacked confidence in their preceptor. They reported that if they had a preceptor that was not was confident this impacted

on their own self-confidence as practitioners (Foster & Ashwin, 2013). This could have been due to organisational constraints resulting in junior staff being allocated to newly qualified staff as preceptors. Therefore, it could be argued that preceptorship should be facilitated by someone who has considerably more experience than the newly qualified midwife and is considered a role model within the profession (DH, 2010b). Furthermore, O'Malley et al. (2000) add to this point by saying that the overall aim of the programme is to facilitate growth and development for the newly qualified practitioner and therefore a senior midwife with such attributes would make an ideal preceptor. A training package and annual competency could be developed between Trusts and Higher Education Institutes (HEI's) to ensure competence is achieved amongst preceptors who are given the demanding task of nurturing, teaching, assessing and supporting our newly qualified staff. The package would ideally include how to give constructive feedback, challenge behaviours, simple teaching techniques, leadership and communication.

Reflection and feedback

Reflection forms part of an integral practice that nurse and midwives undertake every day, sometimes unknowingly. DH (2010b) state that during a preceptorship programme reflective practice is an important component, this allows for the midwife to effectively self-assess themselves and provides them with the opportunity to discuss with the preceptorship lead or preceptor. Evidence suggests that even though an experience may have been mostly positive, we naturally focus on any negative's that are identified during the process (Velo & Smedley, 2014) and therefore constructive feedback to newly qualified staff is crucially important in re-enforcing the positive aspects of the situation as well as giving constructive feedback on how to enhance practice.

Implications for future practice and research

It has been highlighted and discussed during this literature review that there is a need for more primary research into the role of the Practice Development. In order to be able to address some of the highlighted themes such as Time and a Preceptorship lead, research into the role of the Practice development midwife will need to be undertaken in order to understand the role in more detail and thus allow them to lead organisational and cultural change to embed new practices and act as an advocate to protect and support our junior midwives effectively.

The HEI's play an important role in ensuring that our newly qualified staff achieve competence and confidence at the point of registration. By focusing on embedding these elements in the undergraduate curriculum the transition from student to midwife will be smoother and more effective. This could be done by encouraging team work within the interprofessional team, working on communication skills, decision making skills and obstetric emergencies via simulation this would enhance their competence and confidence at the point of registration. Furthermore, the HEI's could also offer a module for Continued Professional Development (CPD) that focuses on these key skills and therefore supports the preceptorship package that maternity providers offer. With the additional support from the Universities the junior staff would have more support and opportunity to develop and enhance their skills during the first twelve months of qualification.

Conclusion

This literature review has highlighted the fact that there is a lack of primary research around the competence and confidence of newly qualified midwives during their preceptorship period. In addition, it has discussed some key area's that can be developed for the future such as training programmes for preceptors and the need to conduct further primary research. Two

main themes; lead for preceptorship and time, and three sub-themes; ability of preceptor, supernumerary time and reflection and feedback were derived from thematic analysis of the data collected and analysed for the purpose of this thesis. The themes that have been identified during the thematic analysis of the literature are not surprising as most healthcare professionals are aware of the increasing pressures in UK NHS hospitals. Although these themes are not surprising, some of them can be lessened or improved by better service management and a robust preceptorship programme co-ordinated by a named lead for preceptorship. Time to complete the preceptorship period is something which has been highlighted as a priority to ensure the retention, support and nurturing of our newly qualified staff. To protect, support and nurture our newly qualified staff and prevent them from leaving the profession so soon after qualification more time and money needs to dedicated to carrying out further research and providing more support and training for our staff. The DH and NMC need more guidance on what is required of a preceptorship package including the preceptorship lead. Preceptorship needs to be made mandatory in all maternity providers and consistency around the UK is crucial to ensure all newly qualified staff are getting the support they require to succeed.

KEY POINTS

- Having a named lead for preceptorship such as the Practice Development Midwife was important to ensure the programme was well lead and staff were supported
- Preceptors need support and training to ensure they are able to provide effective support and teaching to newly qualified midwives
- More guidance from the NMC and DH would be beneficial in supporting Trusts to facilitate preceptorship programmes in the UK
- Preceptorship needs to be consistently provided amongst Trusts
- More research needs to be undertaken on the role of the practice development midwife and on support for newly qualified midwives

Table 1

Inclusion/exclusion criteria

Inclusion Criteria	Exclusion Criteria
• English Language • Sample groups from the UK • Between the years of 2006-2016 • Full text available • Newly qualified Midwives • Preceptorship • UK focused research	• Nursing preceptorship • Pre-registration education • Fitness to practice • Anecdotal research • Clinical supervision • Posters • Published in 2005 or earlier

Table 2

Themes from thematic analysis

Theme	Number of pieces of literature containing the theme
MAIN THEME	
Presence of a preceptorship lead and support	5
Time to complete programme and paperwork	5
SUB-THEMES	
Supernumerary time	2
Ability of preceptor	3
Reflection and feedback	2
OTHER COMMENTS	
Simulation and teaching	1
Planned placements	1
Bullying	1

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