



Using the five senses of success framework to understand the experiences of midwifery students enrolled in an undergraduate degree program



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ABSTRACT

Background: developing a student's sense of capability, purpose, resourcefulness, identity and connectedness (*five-senses of success*) are key factors that may be important in predicting student satisfaction and progression within their university program.

Aim: the study aimed to examine the expectations and experiences of second and third year midwifery students enrolled in a Bachelor of Midwifery program and identify barriers and enablers to success.

Method: a descriptive exploratory qualitative design was used. Fifty-six students enrolled in either year 2 or 3 of the Bachelor of Midwifery program in SE Queensland participated in an anonymous survey using open-ended questions. In addition, 16 students participated in two year-level focus groups. Template analysis, using the Five Senses Framework, was used to analyse the data set.

Findings: early exposure to 'hands on' clinical midwifery practice as well as continuity of care experiences provided students with an opportunity to link theory to practice and increased their perception of capability as they transitioned through the program. Student's sense of identity, purpose, resourcefulness, and capability was strongly influenced by the programs embedded meta-values, including a 'woman centred' approach. In addition, a student's ability to form strong positive relationships with women, peers, lecturers and supportive clinicians was central to developing connections and ultimately a sense of success. A sense of connection not only fostered an ongoing belief that challenges could be overcome but that students' themselves could initiate or influence change.

Conclusions: the five senses framework provided a useful lens through which to analyse the student experience. Key factors to student satisfaction and retention within a Bachelor of Midwifery program include: a clearly articulated midwifery philosophy, strategies to promote student connectedness including the use of social media, and further development of clinician's skills in preceptorship, clinical teaching and facilitation. Program delivery methods and student support systems should be designed to enable maximum flexibility to promote capability and resourcefulness and embed sense of purpose and identity early in the program.

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Introduction

Midwifery in Australia is undergoing a transition from a profession deeply connected and embedded within a nursing paradigm to one that is distinct with its own identity and values

(Sidebotham, 2012). This transition is being assisted by the introduction of separate registration for midwifery and the introduction of national standards for midwifery education that place a strong focus on the philosophy of woman centred care and include a requirement to complete 20 Continuity of Care (COC) experiences with women. Programs leading to midwifery registration, however, remain varied and diverse. For example, in Australia accredited pathways include an undergraduate three-year degree in midwifery or a dual nursing and midwifery degree, as well as postgraduate midwifery programs (postgraduate diploma through

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to master level) for registered nurses (Australian Nursing and Midwifery Council, 2009).

In line with the profession's stance that midwifery is a discipline in its own right, an increasing number of students are choosing a Bachelor of Midwifery degree as their entry to practice pathway. As a result, for many students in this program it will be their first experience of both the academic and health care environment. The transition to university can be a difficult time as students adjust to new social and academic demands, which often include adapting to an altered financial situation and an ongoing need to juggle the competing demands of home, work and study. Regardless of discipline, a student's inability to adapt to these competing demands plays a significant role in student attrition (Fowler and Norrie, 2009; McIntosh et al., 2013). Midwifery is no exception with work undertaken in the United Kingdom (UK) supporting the notion that high attrition in midwifery programs is associated with difficulties in managing the competing demands of study, clinical practice, family and the need to earn a living (Green and Baird, 2009). In Australia, students enrolled in undergraduate midwifery programs are largely unpaid and face similar competing demands particularly when juggling work and family commitments around their clinical practice requirements. Consequently there is growing recognition of the importance of providing specific strategies not only within the first year university experience (Noble et al., 2008; Nelson et al., 2012), but across the student life cycle, to assist transition and enhance student retention (Lizzio, 2011).

Lizzio (2011), a leading Australian educational scholar and researcher, has developed a framework to facilitate undergraduate student success across the academic lifecycle. The framework referred to as the *Five-Senses of Success* was developed from qualitative interviews with students. In summary, the *Five-Senses of Success* framework proposes that developing a sense of capability, purpose, identity, resourcefulness and connectedness are key factors in predicting student satisfaction and progression within their program. The framework is consistent with the literature on student development and has been shown to be predictive of student satisfaction and successful outcomes (Lizzio, 2011). See Fig. 1 and Table 1 for a definition of each key factor.

In 2012 Griffith University in Queensland, Australia made the decision to move to a student lifecycle approach rather than solely focusing on first year engagement strategies. As such the university required all programs to use the *Five-Senses of Success Framework* to underpin the development, implementation and evaluation of strategies that would support retention and student alignment. The expectation was that adopting the *Five-Senses of*

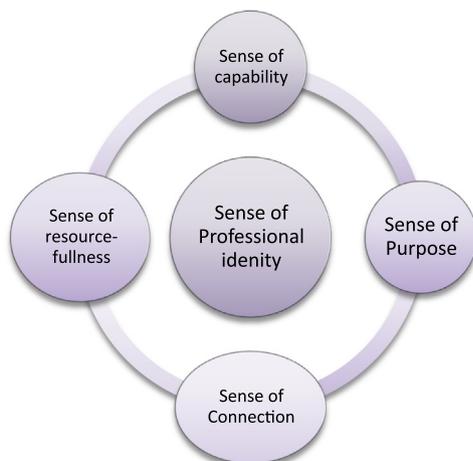


Fig. 1. Five Senses of Success Framework.
Source: Lizzio (2011).

Success Framework across all university programs and year groups would enhance not only student experience but also capability. The midwifery teaching team was involved in this university-wide initiative and interested in exploring which aspects of Griffith's three-year Bachelor of Midwifery program may facilitate student success.

Aim

The study aimed to describe student expectations and experiences and determine factors associated with student success within a Bachelor of Midwifery program.

Method

A descriptive exploratory qualitative approach was used in this study (Schneider et al., 2013). Data was collected using a self-administered survey consisting of opened ended questions. Interested students also had the opportunity to participate in a year-based focus group. This method aimed, through rich description (Polit and Beck, 2006), to provide insight into the experiences of Bachelor of Midwifery students using the *Five-Senses of Success* (Lizzio, 2011) as an analysis framework.

Context

The Bachelor of Midwifery program at Griffith University commenced in 2010 and meets all of the practice requirements determined by the current Australian education standards (Australian Nursing and Midwifery Council, 2009). The three-year program is delivered in a blended mode with students attending campus for intensive teaching blocks at the beginning of each semester. The remaining theoretical material is delivered within an online interactive environment supported by regular webinars (real time web based lectures/discussions) using the Collaborate Platform (Blackboard, 2014). The clinical component of the degree commences early in semester one of first year with students required to recruit three women to follow through their pregnancy, birth and early parenting (also referred to as continuity of care experiences or COCs). Across the course of their program students must undertake 20 COC experiences. Each student is allocated to a clinical site for the duration of their program where they are supported by a practice lecturer (PL). Weekly tutorial sessions for each year group are held at the clinical site facilitated by the PL. During these sessions students are encouraged to engage in reflection on practice and clinical skill development. Students spend up to 45 weeks of the year engaged in the program as clinical practice is continuous rather than being attended in block placements.

Participants

All Bachelor of Midwifery students enrolled in their second ($n=44$) and third year ($n=27$) of the program were invited to participate in the study.

Recruitment and data collection

An information session outlining the aim of the study was held during the first week of the students teaching intensive block scheduled at the beginning of the academic year. This was conducted by a member of the research team not known to the students and who was not part of the teaching team. Students were also provided with written information about the study and

Table 1

Using the Five Senses of Success Framework to understand the experiences of midwifery students enrolled in an undergraduate degree program.

In terms of the incorporating the Five Senses of Success framework, within a lifecycle perspective, the focal questions are:	
Capability	How do we systematically scaffold and stretch our students' sense of efficacy as learners across the lifecycle? How do we actively support their growth towards not just knowledge acquisition, but professional mastery and proficiency?
Purpose	How do we systematically build students' sense of purpose and motivation across the lifecycle? How do we both expand and focus their early aspirations and vocational purposes, and their later confidence and competence in their employability and professional contribution?
Resourcefulness	How do we systematically strengthen our students' sense of resourcefulness in managing their transition to university, progressively strengthen their sense of mature independence and build their resilience as future professionals?
Connection	How do we systematically build our students' sense of connection and cohesion with their fellow students, and staff and their capacity to form and maintain working relationships? How do we progressively facilitate their sense of connection with a wider future professional network/community?
Identity	How do we progressively support our students to evolve a positive sense of identity across the degree lifecycle? How do we progressively legitimate and facilitate our students' confidence and competence in their emerging graduate and professional identities?

a copy of the anonymous survey. In addition, consent forms were circulated for those willing to participate in a follow-up focus group. Students were assured that participation in both the survey and focus group was voluntary and would not affect their studies or progress in the program. An opportunity to ask questions and seek clarification was provided.

Survey

Students wishing to participate were provided time to complete the anonymous survey at the end of the information session. The survey consisted of a number of open-ended questions that sought information about their expectations and experiences of the program to date. Thirty-nine second year students (88%) and 17 third year students (66%) completed the survey.

Focus groups

During week one of the mid-year intensive teaching session (approximately six months following completion of the original survey) all students were again provided with information about the follow up focus groups. Consent forms were distributed and those wishing to participate were provided with a focus group time for the following week. The focus groups lasted 60 minutes, were tape recorded and facilitated by a researcher not known to the students. The focus group questions were informed by the preliminary data analysis of the open-ended questions in the initial survey. One focus group was held with each year level. Nine second year students and seven third year students self selected and participated in the year level focus groups.

Data analysis

The qualitative analysis undertaken resembled what Polit and Beck (2006) describe as template analysis. This style of analysis uses a template or coding scheme to sort the narrative data. As a result it is considered to be more systematic and standardised than subjective and interpretive methods and is well suited to qualitative data collected in surveys or questionnaires. In this study the *Five-Senses of Success* Framework provided the template for data analysis.

All responses in the surveys were transcribed into a Word document. Responses were read and notes made. The next step involved using line-by-line coding (Corbin and Strauss, 2008) to reduce the data into concepts. Like concepts were clustered and the meaning formulated into significant statements. This preliminary analysis was shared and debated with the research and teaching team and informed the development of a broad set of questions that were then used for the focus group interviews. The focus group transcripts underwent a similar procedure. Eventually all meaningful statements were grouped under the *Five-Senses of Success* framework. The organised coherent pattern that resulted

provided a rich description of students' expectations and experiences (Streubert et al., 2003; Schneider et al., 2013). Throughout the text of this paper the student's words are identified by *'italics'*.

Ethical considerations

Ethical approval was obtained from the Human Research Ethics Committee of Griffith University. Anonymity was ensured as no name related or identifying material was collected during the self-administered survey. Participation in the year level focus groups was voluntary and consent was obtained. Confidentiality was assured as during the transcription process no names were used with only the facilitator knowing who participated. No name related data has been used in written reports or presentations.

Findings

Sense of capability

Student's sense of capability was developed through a systematic scaffolding of knowledge, which was constructed around students' academic pathways to date and their desire for deeper understanding through continued learning. The *'progressive'* structure of the program meant that knowledge was built sequentially and in a way that blended both theoretical and practical foundations. As one second year student said, becoming *'more centred in (her) knowingness and operating from this place'* was an important part of her learning journey. As part of this, early exposure to *'hands on'* clinical experiences, including follow throughs/continuity of care (COC), was central to students' sense of academic progression and efficacy as a developing midwife. Although several acknowledged the *'intense'* and often *'stressful'* nature of clinical placements and COCs, continued opportunities to observe and translate theoretical learnings into evidence-based practice served to strengthen perceptions of capability in both the academic and clinical environments: *'The practical in this course, although is very stressful at times, reinforcing the theory that we are taught. I have gained a lot of confidence in my skills because of the amount of prac in the course'* (SY2).

As students transitioned through the program, emphasis shifted from *'increasing knowledge and skills'* to *'consolidating'* and *'fine tuning'*; *'Apparently everything clicks this year and suddenly all makes sense'* (SY3). Feeling confident to operate with greater autonomy and become more involved with leading care for women was considered markers of graduate preparedness in the final year of their program. In the context of a supportive clinical environment, taking on greater responsibility and performing more complex procedures such as cannulation and venepuncture represented a challenging yet natural and sought after progression to meet clinical requirements. However, caring for women and

performing procedures in a context of reduced supervision also threatened students' sense of capability when perceptions of readiness were low:

It's been a source of apprehension and anxiety for a number of us. For me, I feel good with the emotional support of women and that side of my clinical preparation... the woman's centred approach... but with the actual clinical skills in certain areas, I feel like I'm not ready (SY3).

Students' sense of efficacy and development towards becoming confident and competent graduates was also compromised by experiences in unresponsive and 'hostile' hospital environments. For some, the overall culture of the hospital and the procedures and policies in place conflicted with notions of evidence-based practice based on university learnings. Inconsistencies were also expressed in relation to expectations of students in hospital and university contexts: *'the fact that the hospital and university were never really on the same page about what was expected of us as students' (SY2)*. *'Being bullied by hospital midwives' (SY2)* and dealing with staff that do not support student learning was a recurring source of stress and negatively impacted pathways of professional development for a substantial number of students:

Sometimes on shifts I have felt like the little 'kick dog', just being the assistant to grab this and that and make this bed and tidy that. Which I was happy to do, but felt I was being excluded from clinical opportunities and learning experiences (SY3).

I still have shifts where someone will just go, you're useless, you're stupid, you're a student, what are you doing here? (SY2)

Sense of identity

As students progressed through the program, the evolving nature of their identities emerged through desires to *'discover the midwife I want to be'* and successfully *'transition into becoming a midwife'*. A gradual shift in focus from student to midwife centred on growing understandings of the midwife's role and the critical traits needed to fulfil this. Focus group conversations revealed beliefs that being a midwife represented more than a professional identity. Sentiments of *'being a midwife in all areas of your life'* suggested minimal distinction between professional and personal identities in relation to the values *'embedded in you'* throughout the program:

It's not just learning the clinical skills for us as students. I'm learning other things, and learning new things, and just coming to a centred space of being able to be, I think, a midwife in our whole life, rather than just our practice (SY3).

Students' evolving professional identities were grounded within several core traits that reflected the characteristics considered critical to becoming a midwife. Embedded within the program's woman-centred philosophy and *'new insights into the complexity of care that a midwife can offer'*, students' sense of self reflected their desires to become a supporter, an advocate, a protector and an educator for women throughout their child-bearing journey. As one second year student wrote, *'feeling like the course content reflects a position on birth that I identify with – woman-centred' (SY2)*, enabled students to endorse learnings around holistic care and translate this through their sense of purpose and intended approach to practice. The elements within the following role identity were consistent across second and third year students; *'Supporting women and families regardless of their stage or station in life. Advocating for women's rights to control aspects of pregnancy, birth and parenting. Provide information and advice based on evidence' (SY2)*.

Students' sense of identity was also transformational around new learnings, and in many cases changing perceptions, in relation to *'normal birth'*. A number of students described a clear paradigmatic shift from being proponents of a medicalised view of birth to their identification as a *'protector'*, *'guardian'* and *'expert'* of normal birth: *'I originally came from quite a medical viewpoint and now I realize (sic) midwives are experts in the normal and only need to consult their medical colleagues when things move out of the normal and into the abnormal' (SY2)*.

Sense of purpose

Constructed around the core values of the program, being *'with women'* and providing *'women centred care'* reflected the group's overall position as student midwives and their intended approach to practice in continuity of care models. Aspirations to become change agents emerged through several themes that signified students' desires to *'make a difference'*, both for women and to maternity services in general. Understandings of best practice models of care and exposure to *'real life'* situations during clinical placements allowed students to realise the important role of midwives in facilitating positive outcomes for women: *'I have realised that I can be more than just a midwife working in a hospital and be a midwife that positively influences and cares for women' (SY3)*. Desires to *'create positive change in maternity services'* were typically discussed in the context of mismatched perceptions of the midwife's role and the realities of the midwifery culture in practice: *'the lack of midwives working at the hospital to my perception (of the midwife's role) can be distracting and upsetting at times' (SY2)*.

As students progressed through the program growing *'commitment and interest in midwifery'* and a stronger sense of vocational direction strengthened their *'determination to complete what I have started'*. Demonstrated by the following statements, a variety of employment aspirations were described. Improving maternal outcomes in vulnerable populations, gaining experience in international contexts and preferences for working in a continuity of care model and home birthing were predominant themes to emerge. Several students also expressed interest in taking on an educational role with future midwifery students or furthering their own education through postgraduate studies:

"My goals for midwifery are to make a difference to the poor outcomes of Indigenous women" (SY3).

"I have become more interested in working with woman in places around the world with bad birth outcomes" (SY2). "I really want to work in a continuity model of care – preferably in the home-birth setting" (SY2). As I am a qualified teacher I would hopefully one day share this other passion by teaching midwifery at University, as well as working as a midwife (SY3). I'd also like to further my education with a post graduate degree (SY3).

Sense of connectedness

Feeling supported by lecturers, clinical staff and students was crucial in being able to manage demands and perform in both university and clinical contexts. The availability of lecturers and their willingness to *'be there'* at *'any time of the day'* to talk, listen and debrief was a constant source of reassurance for students and in two instances, influential in decisions to persevere with the program. For example, one focus group student who reflected on her clinical placement experience of dealing with a stillbirth noted:

I was able to just ring a lecturer... they were perfectly happy to talk me through that. If I didn't have that, I don't know how I

would have coped with that experience. I really don't... it may have turned me off the course if I hadn't had any support (SY3).

Similar sentiments were discussed in relation to fellow students. Forming friendships with peers and being able to talk, share experiences and understand each other carried benefits throughout the student life course. Interacting with other students in person or online provided reassurance that 'I'm not in this alone' and 'there are other people who are going through what I'm going through'. For those unable to participate in face-to-face networks, student-moderated social media forums such as closed Facebook groups were seen as invaluable in maintaining a sense of connection and understanding with others:

You might have a really intense clinical experience. You might support a woman that has been through a stillbirth, and then you'll find on the Facebook page another of the students that has been through the same thing, and you'll just get to this really nice place together. It's really good (SY3).

A final pillar of support central to students' sense of connectedness was the nature of relationships formed with staff during clinical placements. Positive experiences were strongly related to the availability, openness and level of support received from clinical placement officers, midwives and preceptors. Understanding the needs of students and taking on a 'nurturing' and/or 'mentoring' role helped to create a safe environment that fostered both professional development and a sense of belonging:

I think part of feeling more confident is going and working at the same hospital that we're a student at, because we have developed relationships with our preceptor, because there's a mentoring role that we have with some of those midwives. I guess what I would feel good about, is knowing that I could approach some of those midwives and say, look, I know I'm not competent in some of these skills in my graduate year... knowing that I have that support there and that understanding (SY3).

Several themes emerged from students who described a weaker sense of connectedness. More support during clinical placements, including avenues for mentoring and debriefing, and opportunities to come together, 'connect' and share experiences were seen as aspects of the program that would enhance the student experience. Desires for 'more face to face interaction with staff and students' were predominantly discussed in a context of feeling isolated and alone given the large online component of the program and 'being out in the field with little contact with other students'.

Sense of resourcefulness

Students' ability to successfully navigate their way through the program was dependent on the strategies available to them, and employed, to overcome challenges and complete program requirements. Feeling confident to 'ask for help' when needed and to 'speak up more in clinical settings' was key to students' personal and professional development. Particularly in hospital placements where feelings of being the 'lowly student' created a sense of powerlessness for some, becoming 'thick-skinned' and more assertive with staff was seen as essential in communicating needs and ensuring clinical requirements were met: 'you have to put your hand up when you need to do things and you have to make yourself known in a shift amongst a room full of doctors and midwives' (SY3).

As well as facilitating a sense of connection, peer support strategies provided valuable avenues to help students manage various aspects of the program. Having opportunities to 'reach out to each other' enabled them to 'push through' challenging assessments and stressful clinical experiences and become more

resourceful. Third year focus group students described how they 'helped themselves' by delegating module work between them to manage workloads and preparation for exams:

We realised there was far too much work for us to possibly get through the modules on our own. So we began, maybe as a small group, working collaboratively... we flagged important readings, we swapped the modules that we had done for one another. That enabled us, I think in a big way, to get through the content, to be able then to make notes off one another's work and get ready for the exams (SY3).

For two other students, support gained from meaningful collaboration with peers was described through a sense of being rescued when struggling; 'My study group are my saviours! The support we give each other is priceless and I would probably not had the strength (emotionally) to continue without that support and network' (SY2) and 'We've got a Facebook page that we share... It totally saved me... the best thing that ever happened' (SY3).

Facebook emerged as a valuable and preferred resource for students to communicate compared to conventional university discussion boards, which were viewed as 'dated', 'too formal' and 'really hard to navigate'. Although several students expressed difficulties adapting to online learning and communication with lecturers, the majority embraced the flexibility it afforded as it allowed them to better manage commitments and complete modules in their own time: 'being an online course means that you can do the study that you need to, when it suits you to do the study, whether that's early in the morning or late at night' (SY2).

Time management was acknowledged as 'the most important thing you need in this course' to deal with the overwhelming workload. Finding the time to complete assignments in conjunction with clinical requirements was a major concern for students and something that threatened to derail their sense of capability: 'the workload still seems large and confronting... I hope that my time management skills will improve to cope with the workload' (SY2). The difficulties of continually working to 'balance' their time and different aspects of their life were also clearly evident in the data. 'Juggling' online study, assignments and clinical work alongside family, work and social commitments created considerable stress for many. To better 'coordinate home-life, work-life and study-life', students entering their final year of the program described intentions to become 'more disciplined in my studying' by 'following study charts' and 'allocating specific time to study'. Despite this, 'taking time away from being with family' and the 'financial burden' of reducing engagement in paid employment were seen as unwanted but necessary sacrifices to 'survive' the program.

Discussion

This study explored second and third year undergraduate student midwives expectations and experiences using the *Five-Senses of Success* as an analysis framework. Although the study is limited by the nature of its single site context and relatively small sample size, the findings do provide insight into student's perceptions of the key factors that assist the development of capability, identity, purpose, resourcefulness and sense of connectedness while studying to be a midwife within Griffith's Bachelor of Midwifery program.

Early 'hands on' clinical experience

In this study students valued their early exposure to 'hands on' clinical midwifery practice. They appreciated the opportunity to link theory to practice within the clinical setting and were able to acknowledge their increasing level of skill and confidence as they transitioned through the program. Through the lens of the *Five-*

Senses of Success framework early positive clinical practice experiences became central to the student's ability to develop a sense of capability. Jordan and Farley (2008) argue the clinical component of a midwifery education program has an important role to play helping the student develop professional values and beliefs. The findings of this study support their claim with early socialisation to the clinical practice environment and continuity of care models seemingly crucial to success.

In addition, early contact with pregnant women, especially facilitated through the continuity of care experiences (COC), embedded a sense of purpose early in the students program. As Lizzio and Wilson (2004) contend having a clear sense of purpose was a key factor in maintaining student midwife motivation. Other authors have acknowledged the value in working with women within the COC experience and report that despite the challenges presented in completing this aspect of the program students value the opportunity it presents to develop sense of purpose and capability (Gray et al., 2013; McLachlan et al., 2013; Sweet and Glover, 2013). As students moved through the program they valued the continuous link to clinical practice. Furthermore as their knowledge increased and they prepared for graduation, students were able to experience a sense that 'everything' was coming together.

Woman centred maternity care: a strong metavalue

Griffith's Bachelor of Midwifery program is underpinned by a number of meta-values one of which is a 'woman centred' approach to care (Gamble et al., 2012). Our study highlights the importance of embedding this meta-value within the program as there was evidence that it strongly influenced a student's sense of identity, purpose and capability. The student's evolving sense of self was deeply connected to an emerging midwifery identity underpinned by a desire to make a difference to the women and families they cared for. Not dissimilar to gaining an increasing sense of capability and readiness at the time of graduation, identifying with women and woman centred practice helped students visualise what they wanted to become and how they might achieve this. So despite the challenges they faced both with completing theoretical content and navigating their clinical expectations students developed strategies to succeed. These findings resonate with those reported in a Belgium study (Van kelst et al., 2013). In this work the researchers explored student midwives experiences of working with women within a continuity of care relationship in a highly medicalised environment. The authors concluded that despite midwives working within a medical paradigm they were able to retain and practice from a woman-centred philosophy largely as a result of the importance placed on woman centred care with their curriculum. This was consolidated further by the student's ability to work alongside midwives who consistently role modelled this meta-value (Van kelst et al., 2013). Similarly, Green and Baird (2009) reported that students with a strong sense of midwifery identity developed greater levels of determination and resourcefulness and were more motivated to find solutions to challenges and stay focused on reaching their goals. Consequently students took a more holistic approach to learning which again reinforced their strong sense of purpose and translated into their approach to clinical practice. These are encouraging findings and resonate with those of Hobbs (2012) who identified that although newly qualified midwives may be exposed to tensions in contemporary midwifery practice they still aspire to remain faithful to the ideals promoted during the university program.

Positive supportive relationships

In tandem with early clinical experiences and the embedded nature of a woman centred care philosophy was the finding that a

student's ability to form strong positive relationships with women, peers, lecturers and supportive clinicians was central to developing connections and ultimately a sense of success. Positive relationships helped students to maintain a woman centred approach when faced with challenges within the clinical environment. A sense of connection not only fostered an ongoing belief that challenges could be overcome but that they themselves could initiate or influence change.

The COC experience was seen as particularly significant in assisting students understand the importance of developing positive partnership style relationship with women. As the evidence suggests students valued the strong focus on this aspect of their clinical experiences (Sweet and Glover, 2013). Preliminary research in this area also suggests parents gain a sense of empowerment, feel their care is more individualised and develop increased coping ability as a result of developing trusting relationships with student midwives (Aune et al., 2012).

Likewise educators and clinical preceptors had a positive effect on student learning. The role of inspirational midwifery role models is well documented in the literature (McKenna, 2003; Bluff and Holloway, 2008; Jordan and Farley, 2008; Licqurish and Seibold, 2008; Byrom and Downe, 2010). Findings from this study also resonate with those of Young (2012) who described the importance of supportive clinical preceptorship in enabling students to develop their clinical decision making skills. Conversely, and like others suggest, when students do not experience positive clinical experiences their sense of capability and resourcefulness are often threatened (Nursing and Midwifery Council, 2011). In this study when these positive relationships were not forthcoming students reported feeling anxious and confused.

Similar to the findings of others, strong relationships with peers provided a buffer to negative experiences as well as providing a safe place/environment in which to reflect and problem solve (Green and Baird, 2009; Nursing and Midwifery Council, 2011). In this study as students found effective ways to support each other their resourcefulness grew. For example, students' use of social media proved to be an effective tool for sharing information and maintaining connection despite many students being geographically spread over a number of clinical sites. Although work in this area remains limited, in our study 'Facebook' emerged as the preferred medium for students to develop their online networks. In line with the work of Selwyn (2009), who found that students use Facebook to work through course queries and tensions experienced with academic requirements, participation in student moderated closed Facebook communities is considered a safe place to discuss all aspects of their course and is now actively encouraged. In addition while a 'blended learning' (incorporating the innovative use of technology alongside face to face delivery) approach to curriculum delivery within midwifery is a relatively new concept in the Australian context, our study identified that as student's confidence and competence in the use of the technology grew they were able to more effectively manage their workload due to the flexible nature of program delivery. What becomes important however is that student engagement is maintained. Other authors have identified the importance of appropriately preparing and supporting students to use the available technology as disengagement and a loss of connection with the program and peers is a risk of this teaching and learning medium (Smyth et al., 2012).

Conclusion

In conclusion the *Five-Senses of Success* framework provided a useful lens through which to analyse the student experience. This work was undertaken as part of an ongoing student lifecycle project which midwifery students remain actively involved in.

Findings suggest that students developed a strong sense of self through the philosophy of woman-centredness embedded within the program. This finding suggests that programs that embed midwifery meta-values throughout all aspects of the teaching and learning cycle make a significant difference to the midwifery student experience. The findings of this study also suggest that midwifery students greatly value early exposure to the clinical environment as well as continuity of care experiences. These factors embedded a sense of capability, purpose and connectedness in the student. As a consequence it is recommended that these aspects of the Bachelor of Midwifery Program should remain, as they are integral to the student learning journey. The importance of developing positive relationships with lecturers and clinical preceptors was emphasised as was the need to develop clinician's skills in preceptorship, clinical teaching and facilitation.

Finally this study identified the organisational and personal issues that have an impact student midwives experiences. These issues are similar to those experienced within an international context and without appropriate support may lead to attrition. It is suggested that the *Five-Senses of Success* framework could be contextually applied within any international setting to support students to achieve success in their degree program.

Conflicts of interest

None declared.

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