

Summary Of Recent Survey Assessing Midwifery Training Schools' Attitudes to Direct Entrant Midwifery Training

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ABSTRACT

A group of Direct Entrant students and midwives performed a recent survey at Derby City Hospital, to establish the level of knowledge amid midwifery schools about both the present 3 year Direct Entry Training and the English National Board's paper 'Proposals for Change'.

METHOD

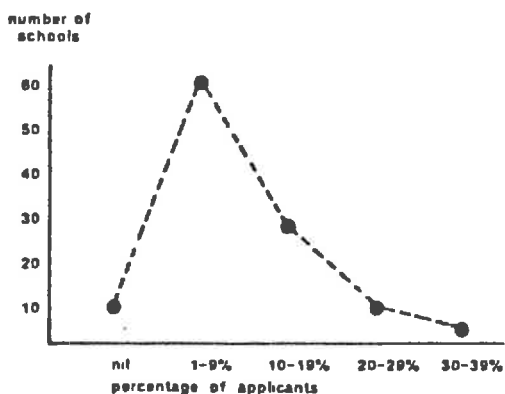
We sent out 150 questionnaires to most midwifery training schools in England and some in Wales. The questions were mainly descriptive. These were analyzed on a simple percentage and numerical basis.

RESULTS

120 Questionnaires were returned (5 Uncompleted): an 80% response rate. This suggests a fair degree of interest in Direct Entry Training (DET).

In order to measure the ratio of Direct Entry (DE) to SRN applicants into midwifery, we asked for total numbers of applicants to both courses. There were 1996 applicants for DET in the previous year. If only 10% of these were eligible (some will be repeat applications), they would fill 8 average SRN schools. In our opinion, and in the experience of many respondents, this is a small proportion of the numbers that would be canvassed if: 1) There were greater awareness of the existence of the training and 2) more schools offered the DE training. (Please see diagram 1.)

Direct entrant applications to schools running midwifery courses

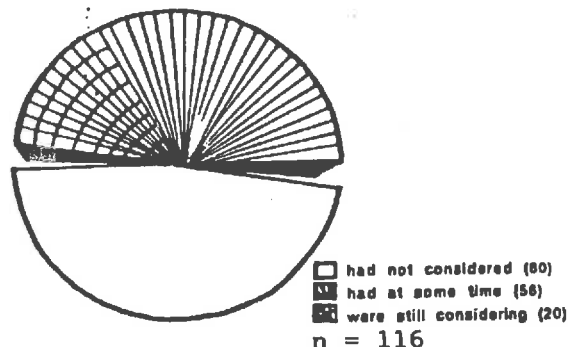


Taken school by school, in 32.2% of schools DE applications to midwifery were between 10 and 30% of SRN applicants. We asked a series of questions to decide why schools running the 2 year course before 1981 stopped, and why other schools had not started. By far the most common reasons were: lack of tutors, lack of finance, lack of applicants.

Given the data above, the third reason seems both inaccurate in light of the number of applications actually received, and rather absurd. We feel it reasonable to assume that candidates for a non-existent course will be few. The other points are discussed below.

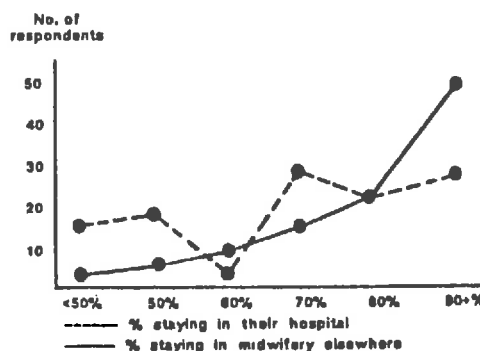
Despite these problems, 20 schools remain interested in Direct Entry Training. (see diagram 2)

No. schools considering running DE courses.



Midwifery training would be cost effective if more midwives practiced once qualified. We found that in 32.7% of respondents, less than 60% stayed in midwifery anywhere. We feel that if we had specified figures for midwives staying more than a year, the outcomes would have been even lower. (see diagram 3)

% of SRN students continuing in midwifery in their teaching hospitals following SCM training. (total length of stay unknown)



Believing, as we had often been told, that DE's have very bad career prospects, we sought to discover how many were practicing, and at what level. Through a very open ended question, we tried to find out how many DE's had ever been employed. Most schools actually gave numbers of midwives presently employed, and to our surprise, 87% of the hospitals employed DE's, at all levels, from staff midwives to senior tutors and nursing officers.

On the subject of discrimination against DE's, 81.5% of respondents thought it did not exist. Of the 42 who believed it did exist, 18 (almost 50%) replied that it was 'elsewhere, not here'. As one respondent put it, '(There is) no (discrimination) but many midwives think there is, and this in itself is ominous.'

With reference to the ENB paper, 'Proposals for Change', not a few schools seemed rather confused about their import. All said that they would train under the proposals if possible. More than one respondent suggested a DE school per region. Opinions varied:- 44.4% of comments were positive, 10.4% negative, and 45.2% were neutral.

COMMENTS ON ISSUES ARISING

1) Lack of applicants: Already discussed above. Many schools reported a flood of applicants once they were rumoured to be starting a course. We suggest that an education programme, with information about DE training, channelled to careers officers and to nursing information officers, would increase the numbers of applicants.

2) Lack of Tutors: Derby started with a low tutor/pupil ratio. It is now very good. Many tutors showed an interest in teaching DE's. Possibly a DE school would attract tutors.

3) Lack of Finance: Again, Derby manages it. If cost-effectiveness is a criterion, since DE's are keen from the outset, and not double-trained, they may be likely to stay. We want the whole issue of midwifery finance to be reviewed by the UKCC.

4) Discrimination: Often this was reported from the previous experience of the people trained in the 2-year DE course. However, our survey shows that many of these midwives are still employed and promoted. Only around 17% were absolutely sure that discrimination existed. Midwives in the last 2 sets of DE-s qualifying in Derby's 3-year course have all been offered the jobs that they applied for elsewhere.

CONCLUSIONS

Article after article, report after report, recommendation after recommendation, tell us our role is undervalued. We midwives know it. Midwives are threatened from many angles. We are responsible enough to be disciplined for errors, but are often not allowed to be responsible for exercising our skills. We are overworked, unable to give all the care we would like, undervalued and underpaid. Many of us find ourselves in the impossible position of high professional and lay expectations with a sheer physical inability to fulfill them. Often we are angry, afraid, depressed and exhausted. Having more DE courses won't necessarily change these things, but having midwives who are trained to fulfill their role completely from the start, rather than having to battle with previous experiences and expectations that can lead to poor self esteem, must be a positive influence. Though DE training may not be the answer to all our problems, from the evidence of many European Countries, it may be a key to general recognition of the role and responsibilities that midwives at present must fight for every day.

This survey sought to assess the potential for such a course. In our opinion, the results are more encouraging than we had hoped.

With the aim of disseminating this optimism, we have prepared a complete analysis of the results, and will send this to all schools that took part. We are also informing the ENB of our findings and conclusions. They are available to anyone else who may be interested, on receipt of a large SAE to:

Association of Radical Midwives
DE Working Party (Questionnaire Report)
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