

Section 5: The journey unfolding

As I look back over the journey I can see the steps I have taken- the twists and turns, the hills I have had to climb, the hurdles I have had to get over. From a distance I can also see why the direction at times has had to change...

5:1 The steps I have taken

In maintaining there have been intuitive elements to this process there have also been stages where choices I have made have been pragmatic. The initial steps I took for this research followed a previous study I had undertaken with pre-registration midwifery students (Hall & Mitchell 2007, Mitchell & Hall 2007). In this situation we investigated the creative material made by students in an education session relating to spirituality. Further we had asked them their views of the experiences of the session. For the purpose of this thesis I considered simply transferring the study processes used for the students to a group of qualified midwives on a postqualifying module relating to 'promoting normality'. I was using similar creative methods with these midwives in a session on 'the art of midwifery'. The choice of the participants was therefore pragmatic, as I was already teaching them, and they were therefore part of the university as students. Further the subject of the educational session 'fitted' with the intended subject of my research.

5:2 Ethical considerations

Ethical considerations involved submission of the study for scrutiny by the Faculty and University ethical committees. As the midwives were students during the study NHS ethical approval was not required, as long as no interviews took place on NHS property. This proved challenging at times, but the midwives were invited to choose to participate in discussions on University premises or in their own homes. This gave them freedom to choose where they felt most comfortable and some chose each venue. Appendix 3 contains the documentation relating to the issues of consent and participation.

Ethical consideration was given to the fact that the nature of the study required me to have some relationship with them as the facilitator of the teaching session. This meant that there was potential that I could be an assessor of the module they

were attending and could meet them in practice settings. It was agreed that during the time of the study I would not be involved in assessing their work to avoid any concerns about privilege. Opportunity was also given for them to withdraw from participation at any time. One midwife did do this during the study due to family reasons and I returned to her all information I had gathered along with recorded material.

Protection of the participants was also maintained through considering confidentiality. They chose their own names for this study and any material transcribed used this chosen name with consent forms kept in a locked drawer. However the small size of the groups means that potentially others in the group will be able to recognise colleagues. As much as possible during the course of the study personal information that may identify their area of working (as they all came from different units) and information about family members is removed. Through experience with previous students, I am aware that the use of creative art can trigger an emotional reaction. Therefore the participants were informed of support available through the University should they require it.

5:3 Changing directions

It became clear after the first educational session, where only three midwives attended, which was related to 'the art of midwifery' as opposed to 'spirituality' for the student midwives, that it was important to reconsider what I was studying. Spirituality as a subject is difficult to define and inherently 'personal' in meaning. The focus therefore developed to consider more broadly the meanings the midwives associated with their work as a midwife and the art of midwifery practice. Spirituality may or may not emerge as a significant dimension.

The information I gathered from the participants was also pragmatic initially. Prior to the educational session the midwives were asked to write down their personal professional history up to that point of being on the course. This is utilised within the session by them to create a timeline or map which is then used to trigger group discussion. Further, during the session they were given opportunity to use art materials to create something individually that represented the meaning to them of the art of midwifery. For this they are given only a short space of time (around 10 minutes) to ensure that what they made was spontaneous and aiming to prevent those with artistic training from utilising those skills too explicitly or for those without

formal skills to be inhibited. In addition it was also purposed that the creations would give an indication of their internal feelings and beliefs at that moment in time (Hall 2007a). This has been a successful method of stimulating discussion with student midwives in the past.

The midwives then wrote down the meaning of their created pieces. Following the first group session I collected these materials and a questionnaire [Appendix 3] that asked for some demographic information and some questions about the experiences of the session. I also planned initially for a group interview following this event that was to ask their views of the session. This gave opportunity to reach a group consensus, however I questioned the ethical issues raised by investigating individuals and inviting them to then discuss together. Further in a supervision session it was suggested that additional individual interviews were required to gain more information from the participants. Also the small size of the initial group meant that more material was required from the next group that I facilitated the following year (9 participants). I wrote in my journal after this session:

15th March 2007

... getting them to make something...was quite easy and there was certainly a willingness that surprised me. What interests me is that K and I got on the floor to share [after they had created] and they all returned to their chairs- midwives knees was the joke, but I am more concerned whether there is a power thing here. Students, no matter their age, tend to stay on the floor in a group. Is there something here about being on the floor? The sharing went well, everyone joined in, and have made some powerful images...they all completed questionnaires and signed the sheets and wow! I have it all. I am feeling quite drained and emotional and immensely relieved



Following this second session for the initial interview I chose to do individual rather than group interviews. I considered the second interview and felt it would be beneficial to use further creative methods in order to stimulate discussion. Following an earlier supervision session I recorded in my diary:

November 6th 2006

...The session today has helped me bring some clarification but I need to revisit it all as they have suggested...I would like to explore more art activities with them as I think the art is only a 'picture' of that moment in time. To do some more at later points would be really interesting.



I finalise these thoughts further following a study day I attend relating to the use of visual methods in research:

7th March 2007

In the whole group discussion someone said what we are doing is a picture painted with words- we used our own stories but these triggered other images for others' observing. Someone else said what we bring to it makes it different. All this has led me to think of the 'second interview' instead of getting them to make I could ask them to look at a visual, photograph and ask them what it makes them feel or what it means to them. Perhaps photos of different things?



The use of photographs is another creative method for stimulating different ways of knowing and responses (e.g. Weber 2008, Gauntlett and Holzwarth 2006, Kaplan and Howes 2004, Taylor 2002). I moved, therefore, to ask the participants to make something that showed the meaning of midwifery providing photos, words about midwifery and other creative materials and pens for them to add other aspects if they wished. The questions for the study here then evolved to consider the multi-dimensional meanings of being a midwife, as it is clear the different methods would be adding other dimensions to their answers. Following the creation of the pieces I ask the participants what they had made and why and then entered into discussion about being a midwife and the art of midwifery. Further questioning related to clarification of information from the previous interview.

I made the choice of the photos to use through considering the current different aspects of midwifery care in the UK. I contacted a midwifery colleague who takes photographs for a midwifery journal and she kindly provided pictures relating to antenatal care, labour and postnatal situations. Most of these were related to the home environment so I obtained more from the journal I edit that were more hospital and management based. When I showed these at a supervision session it was pointed out that so many of these pictures showed midwives smiling so I also included some pictures obtained from free websites of women looking anxious or tired. When preparing the photos I also decided to print large and small versions of these pictures as the sizes may make different impacts to the participants. Prior to their use I showed this selection to midwife colleagues who agreed they represented midwifery practice (see Figure 5:1).

In addition to the photographs I gave each participant a selection of words that related to midwifery in order to provide some consistency. I obtained these by emailing colleagues and asking for words that indicated the meaning of midwifery to them. Five midwives responded who have been qualified in excess of 20 years (similar to participants) and gave a list of 71 words or phrases with a few that overlapped (see Figure 5:2).

Figure 5: 1 Study pictures (All photographs copyright : The practising midwife journal and Rebecca Reed: not to be copied without permission)



**Figure 5: 2 Study Words
describing the meaning of
midwifery**

with woman
intuitive
being supportive
calm
confident
professional
vocation
being strong
deep and spiritual
dedicated
holistic and social
technological
reflective
constant learning
making an impact
sensitive
caring
kind
non-obtrusive
knowledgeable deserve
respect
scary job
joy
love
being with women
enabling women
humbled
wonder
protector
sometimes conflict
frustration
stress
responsibility
impotent powerless
sad
supporting
empathising
listening understanding
believing

comforting
helping
advising
assessing risk
protecting empowering
advocacy
professional
duty
accountability integrity
struggling (against
biomedicine)
establishing relationships
dedicated & altruistic
best job in the world
working with women
caught between paradigms
being remembered
confidence building
witness to the power of birth
promoting (self esteem, self
belief, healthy behaviours)
keeping women safe
encouraging and
supporting choice
information sharing
art and science of pregnancy
and childbirth
like a GP of normality¹
first point of all for a pregnant
woman and her family
with child?
art of normality

¹ The concepts of 'normal' birth and 'normality' are terms used in midwifery in relation to a straightforward labour and birth that do not require medical intervention. Midwives are regarded as the 'experts' in normal birth (International Confederation of Midwives 2008)