

Full Length Research Paper

Expert midwives' experiences of security in their professional practice: I'm the captain of a jet

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Obstetric units have become larger, with patients being knowledgeable and demanding. Also, established team works at maternity wards require that midwives are secure in their role. A descriptive study with a phenomenological approach was used. A maternity unit in a hospital located in Western Sweden was chosen. Five expert midwives with vast experience of obstetric care who worked in a maternity unit were interviewed. Data were collected by audio-taped interviews. The data were analysed by means of Giorgi's phenomenological method. The results showed that security was constituted by an inherent sense of security as well as confidence in self and in life. Education and practical group training in the workplace provided theoretical knowledge and practical experience. Support for others in the working team and open communication also constituted security. Also, clear leadership, guidelines and routines provided a framework and had a positive effect on expert midwives' sense of security. When security was absent, midwife became worried, the joy and harmony diminished. In order to ensure midwife security and ultimately safe patient care, it was important to allow time for rest, to reflect on and evaluate their work. Expert midwives can create the prerequisites for their professional security. Several constituents combine to shape midwives' sense of professional security; an inherent sense of security, own knowledge and experience, team collaboration, visible and clear leadership.

Key words: Expert clinicians, midwifery, phenomenology, professional practice, safety and qualitative studies.

INTRODUCTION

The area of responsibility for midwives includes a great deal of collaboration with doctors and assistant nurses, resulting in joint decision-making (Larsson et al., 2009; Olsson and Adolfsson, 2012). Good teamwork is a prerequisite for optimising patient care, and team collaboration should allow midwives to take advantage of their fellow team members' different competencies and experiences as well as contribute to a holistic view of the

patient (National Board of Health and Welfare, 2006).

Team coaching in clinical settings (Crofts et al., 2006, 2008) pertaining to emergency situations has increased noticeably in recent years (Crofts et al., 2011; Olsson and Adolfsson, 2011) and indicates greater knowledge of the management of such obstetric situations on the part of midwives and doctors (Crofts et al., 2007). Practical team coaching has a beneficial effect on neonates (Draycott et

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al., 2006, 2008). Being part of a team consisting of relationships where one is allowed to take autonomous decisions, initiative and responsibility provides a sense of security, which Individuals who experience fear but who take a positive outlook, acknowledging it instead of trying to escape, can continue to encounter persons in genuine and close relationships (Carlsson et al., 2004). Jangsten (2010) reported that midwives communicate and share experiences reflections and knowledge in order to resolve issues and increase patient safety. In Sweden, the Board of Health and Welfare (SOSFS, 1995) stated that midwives need time for collegial reflection in order to deepen professional experiences.

The transition from being a novice to become a qualified health professional is stressful (Park et al., 2011). Novices lack experience of situations in which they are expected to act, thereby they need to be guided by regulations. Routines and instructions are necessary for dealing with the work, as they are unable to grasp the whole situation. The expert assesses, understands and interprets situations based on her/his experience without solely taking rules and guidelines into account, in addition to acting as the patient's advocate (Oberle and Allen, 2001). Good midwives have communication skills, supportive, knowledgeable, skilful and also make major contributions (Nicholls and Webb, 2006).

In a meta-synthesis, maternity care was termed to an expert with wisdom, knowledge, confidence and have clinical skills (Downe et al., 2007). The experienced midwife acts as an adviser and coach for inexperienced colleagues, which creates security for both the midwife and the team (Berg and Dahlberg, 2001; Larsson et al., 2009). Midwives work independently based on confidence in their own knowledge and experience as well as the decisions they take (Jangsten et al., 2010). The professional knowledge and experience gained over the years allows experienced nurses to take joint decisions and carry out interventions independently (Larsson et al., 2009; Olsson and Adolfsson, 2012). Berg (2005) described the midwife's embodied "knowledge" as deep-rooted, integrated within her and perceived through all her senses. The midwife is knowledgeable. Knowing which intervention to take is the most important in any given situation and this can be defined as practical wisdom (Halldorsdottir and Karlsdottir, 2011). Experience means a well-developed sense of practical wisdom. An experienced person goes further, beyond that which is well-known (Oberle and Allen, 2001).

Midwives encounter prospective parents that sometimes have a high level of Internet access, which increases their opportunity of obtaining new knowledge, resulting in greater demands on the care provided by midwives (Larsson et al., 2009). To meet these demands, it is important that the midwife feel confident in the role. The midwife's presence is essential for the patient and it

is desirable with a mutual trust between the midwife and patient. Continuity and presence when caring for women giving birth increase the possibility of understanding their everyday world and meeting their needs. However, the phenomenon of security among staff members has not been explored to the same extent. Given that obstetric units have become larger, parents being knowledgeable and demanding as well as established team work at maternity wards require that midwives are secure in their role. But what is security of the midwife? To clarify the phenomenon of security and its importance from a professional perspective has relevance, not only for the midwife but also for those she encounters in her profession. What is it that makes a midwife secure in her profession? The aim of this study was therefore to describe expert midwives' experiences of security in their professional practice.

METHODOLOGY

The study adopted a qualitative approach. A descriptive phenomenological method was employed. Giorgi (2009) stated that the aim of the method is to clarify the meaning of the phenomenon under study. Data were collected by means of interviews. Phenomenology is a life-world theory about the everyday world that we all live in and in which we gain experiences. It is the lived world with all its variations, a world of perceptions that we assess based on our experiences (Husserl, 1970). Studying the life world involves striving to see the invisible and eliciting that which is tacit. The phenomena are explored in the way they manifest themselves to us and described in a fashion that is as structured and comprehensive as possible, free from interpretations. Intentionality is central to life world theory and means that towards which our consciousness is directed. We endeavour to create meaning and content, and concentrate on that which can shape and increase it. Every experience adds to it, increasing understanding and creating wholeness (Dahlberg et al., 2011).

Reduction is an essential element of descriptive phenomenology that distinguishes it from other qualitative methods. The aim of reduction is to produce a description of a phenomenon that is as exact as possible, just as it presents itself to our consciousness. Reduction demands critical reflection, which means that the researcher has to set aside previous knowledge and preconceptions. The description should only include that which is presented to the researcher and should be as close as possible to the phenomenon, as it is the essence or core that is sought. The structure of the phenomenon should be described and for this purpose, free imaginary variations are used, which means seeking variations and nuances and looking beyond that which is stated in order to reveal the core. However, personal reflections and descriptions, based on the logic of the methodology, are permitted (Giorgi, 2009).

The first author made personal contact with midwives recruited for the study and no other person was aware of which midwives were to be interviewed. The author personally selected the participants, as midwives with many years of experience and ability to express themselves were required with oral and written information. Five midwives with median age of 59 years and median 28 years of experience in maternity care and employed at a delivery unit participated. They had all worked as registered nurses for an

average of 2 years before specialising as midwives. Four of the five interviews took place at the hospital where they worked. The interviews were carried out after the duty. One interview took place at the midwife's request in her own home. As Dahlberg et al. (2011) who highlighted the importance of conducting interviews in a calm and pleasant environment free from disturbing noise or risk of being interrupted, thus the location was carefully chosen. Open-ended questions were posed during the interview, the intention being to ensure flexibility and allow reflection (Dahlberg et al., 2011). The Open-ended questions include: What makes you secure in your profession? Confidentiality was guaranteed by coding the interviews and storing the audio-tapes in a locked cabin, thus they were not accessible to unauthorised persons.

Ethical approval was obtained from the Ethical committee of University West in Sweden (No. 2012/170 B22). The head of the clinical department concerned was contacted by letter requesting permission for the interviews. Due to the fact that the author had been employed at the clinic where the participants worked, ethical aspects involved in the choice of workplace were discussed with the supervisor. As the phenomenon to be studied was not considered sensitive, it was not deemed unethical to interview the midwives despite the fact that they were known to the author. The study participants were voluntary and that they could withdraw at any time without providing an explanation. The interviews were transcribed verbatim and the texts analysed by means of Giorgi's (2009) method exclusively on the basis of that which was presented in the material. Phenomenological reduction was applied throughout the process, using the following four steps:

Step 1: All interview texts were read through in order to become familiar with the content. In many cases, several readings were required, which provided a preparation for the next step. Any ambiguities or contradictions were reduced or not interpreted but described as such.

Step 2: The whole text material was divided into meaning units. For each change in the meaning of the text, a note was made in the margin. This was a practical step, as the meaning units cannot stand alone but are always part of a whole.

Step 3: The meaning of each unit was developed through imaginary variations. The meanings that had become visible in the meaning units were elucidated by means of language, descriptive in character and termed transformations. Everyday language was employed and theoretical formulations avoided. The transformations often meant an expansion rather than a reduction of the text and helped to identify the constituents of the phenomenon. Table 1 illustrates the analysis of steps 2 and 3.

Step 4: The constituents and imaginary variations were used to develop the general structure of the phenomenon. Its structure could be described due to the author's understanding of the interrelationship between the meanings of the units. Finally, the constituents were described as well as their relationship to each other, thus constituting the phenomenon. There was a back and forth movement between the whole and the parts of the material and nothing was left out. This result gives examples from the various interviews; informants' statements are numbered from 1 to 5.

RESULTS

The midwives' inherent sense of security was a platform for their professional security. Security was evident when the midwives had a good sense of self, were sure of their

views and had confidence in self and in life. Theoretical knowledge and practical experience constituted a basis for professional security and were utilised in their clinical practice. The midwives knew their own strengths and who to contact if they needed help.

Further education and practical training in groups at the workplace provided them with tools and created understanding. A strong team with good knowledge and experience served as support and help for the midwives. It was vital that the team members had the will and ability to communicate and collaborate. Memos, care plans and routines provided midwives with a framework and guidelines. When leadership was visible, present and communicative, this confirmed the midwives and made them feel secure. The phenomenon became visible with the help of the constituents that emerged during the analysis process; an inherent sense of security, own knowledge and experience, team collaboration, and visible and clear leadership. In order to increase clarity, the constituents are described. Quotations from the participants have been included to exemplify and illustrate the statements.

An inherent sense of security

An inherent sense of security means having belief in oneself as a human being and the person one is. Experience of life provided a firm foundation in the form of trust in one's own values, in oneself and in relation to others, leading to security. Private life was secure in terms of personal relationships and the midwives were able to cope with any situations that arose. Self-esteem was high. "A sense of security must be derived from oneself. If one is not secure in oneself one will never be secured." (no. 2). A will and ability to communicate with other people was evident. People around them perceived their ability to help and protect. The midwives experienced joy, balance and longing. "It feels good, it's a really wonderful feeling. I feel calm and happy. I feel a great sense of well-being." (no. 3). An inherent sense of security constituted a good foundation for their professional practice but was not an explicit requirement. There was no clear boundary between security in private and professional life as they were interwoven.

Professional knowledge and experience as a source of references

The midwives' knowledge and experience were important in their professional practice. They knew how to deal with situations, when to ask for help and who to turn to. They were open, flexible and listened in the encounter with colleagues, other health team members and patients.

Table 1. Illustrations of the analysis, steps 2 and 3.

Example of meaning units	Transformed meaning units
It's obvious that the teamwork itself plays a role in the department. It goes without saying that one cannot cope without the support of competent colleagues when things are getting out of control	In serious acute situations, the midwife is dependent on colleagues with adequate knowledge and long experience. The fact that the team is made up of different professional categories provides the preconditions for a good outcome.
There is a framework, a really secure framework around us; the pieces of the jigsaw are in this frame. I know exactly, I put that particular piece into it, it fits.	Memos, care plans and routines form a framework for the midwife's work and generate a sense of security. She knows which interventions are necessary and how to use them.

The other team members had trust and confidence in them. "If you are secure, your team members can sense that you are a resource they can consult. I have so many years of experience. You can talk about various cases and such like..." (no. 2). They had the ability to between the normal and the complicated and adapt the care accordingly. "... but when we have (knowledge about) risk factors it is easier to distinguish the normal, if you are aware of the risks involved." (no. 5). Having experience is to be able to remain calm in critical situations and make use of their knowledge without it being obstructed by fear. "It's extremely important that I feel sufficiently secure to avoid getting into a panic in a really precarious situation. It's as if one switches over to autopilot in such circumstances, even if your pulse is racing at 200 and your hands are shaking." (no. 3). When caring for patients, the midwives created security and assumed responsibility for the baby and its delivery. "I'm the captain of a jet. They can relax and concentrate on the birth and not worry unnecessarily." (no. 3).

Competence development and practice in the team

Theoretical competence development as well as becoming aware of new research and knowledge both by actively searching for it and learning from the students was a source of security. When the midwives were responsible for the training of team members, it was necessary for them to read up on the subject, which in turn increased their own knowledge. Playing an active part in the process of creating increased security and better care enhanced their own knowledge. "Having a solid education, of course that's the basis and after that you continue to take part in training in order to maintain your level of knowledge." (no. 2). Practical training in the workplace led to security. Group training led to assurance that all members of the team had the same knowledge and management of acute situations. A high level of knowledge and experience on the part of the team members formed a chain in which all the links were

strong, thus creating security for the midwives. "When you repeat the training sessions you become more confident and more certain each time. You are no longer so afraid. If we had no education, how would we think? Would we think the wrong things or not think at all? The risk is that we would not think at all, leading to chaos." (no. 4)

Regularity in team collaboration

Collaborating on a continual basis with the other team members during shifts led to security and it took place when the midwives planned their shift schedule together with colleagues, assistant nurses and doctors but also in the planning of individual births and care interventions. The will, ability and possibility to communicate were prerequisites for security. Ordinary conversations about private life and leisure time had a beneficial effect on communication in emergency situations, as the feeling of knowing each other underpinned collaboration. "Good communication is necessary for security. It applies to midwives and the team." (no. 5)

When the team was composed of individuals with a high level of knowledge and experience, the midwife felt secure and an awareness of that they could count on support in difficult emergency situations. They had confidence and trust in the other team members. "It's obvious that the teamwork itself plays a role in the department. It goes without saying that one cannot cope without the support of competent colleagues when things are getting out of control." (no. 4). Collaboration was a source of security when there was openness, participation, tolerance and respect for each other's knowledge. "Being surrounded by colleagues who allow you to ask questions and who repeat instructions because you are a bit inexperienced. You can laugh about it, stupid things that one actually knows." (no. 1).

Knowing that other team members spoke to them before informing the patient about planned treatment gave a feeling of controlling the situation as well as

security. "The doctor asks and listens. What do you think? What is your opinion? What do you usually do? The younger doctors act like that all the time, not only with me but all those who have experience." (no. 2).

A communicating and distinct leadership

The midwives affirmed leadership that was present, visible, communicated and gave them feedback. This created a feeling of being in control and participation as well as a chance to influence their work. A leadership that was transparent and characterised by an allowing atmosphere while at the same time setting boundaries provided the midwives with freedom and space to work. The midwives were aware of the expectations placed on them and what they were expected to do. "...being acknowledged for something you did, you did this really well, not only when you are subject to a deviation report! It leads to something... confirmation... It also provides security, as it's only natural to want confirmation all the time." (no. 1). When management selected a team with a high level of knowledge and experience, the midwives could assume responsibility. The patients obtained the care they needed and medical safety was not at risk. The midwives felt secured when the leadership exhibited understanding for their situation and created the right prerequisites with regard to staffing, knowledge and experience. They felt respected and that their work was valuable. "I know who is safe to turn to when I need help...they are competent, knowledgeable, experienced and have the ability to communicate ..." (no. 4)

To have control over workload

There was time for the patients when the shift was fully staffed and the workload in the department not too heavy. Then they had control and could plan and organise their work. There was a sense of calmness and joy when responsibility was reasonable and time was sufficient. They experienced this as an opportunity to do a good job. "Fun! You can feel it, you are calm and secure... because I'm aware of my abilities." (no. 4). The midwives experienced their work as a jigsaw puzzle with many pieces. Surrounding the pieces was a frame that held them together. The frame gave the midwives space to act but also set boundaries to their authority, where their freedom ended. The pieces of the jigsaw were memos, care plans and routines that created clarity, structure and security. Some pieces of the jigsaw concerned tasks such as documenting, scheduling and managing medication. "There is a framework, a really secure framework around us, the pieces of the jigsaw are in this frame. I know exactly, I put that particular piece into it, it

fits." (no. 1)

DISCUSSION

The interviewee provided a rich and detailed description of the phenomenon of security. It was initially difficult for the midwives to narrate about security. It was such a matter of course to them that they found it hard to express. However, they found it much easier when asked to narrate about lack of security and how it occurred, which they described in a very clear and distinct way. In this way, they became aware of how and when they experienced the phenomenon of security.

A descriptive phenomenological method comprises open interview questions aimed at probing deeply to encourage the participants to narrate about professional security (Dahlberg et al., 2011). The constituents emerge and form the essence. The interviews conducted by the first author, were performed with a conscious effort to curb her own experiences, opinions and preconceptions. This is in order to ensure high quality results (Polit and Beck, 2012). The analysis process, with a constant awareness of the need for reduction, that is to describe the phenomenon as accurately as possible and exactly as it presented itself there was an endeavour to be aware of our own pre-understandings according to Giorgi (2009). He argues that descriptive studies are safer than interpretative ones, as the results can be directly verified.

A midwife who has an inherent sense of security radiates security, wisdom and calm. These are attributes that provide stability in professional practice and that contribute to building team. An inherent sense of security is formed during childhood, adolescence and by previous experiences in life (Dahlberg and Segesten, 2010) and cannot be influenced to the same degree as the other constituents. The midwives expressed the opinion that it is difficult to distinguish between the private person and the profession. According to Berg (2005), the midwife is the knowledge she possesses, she is one with her profession. The midwives in the present study had many years' experience, which afforded them great security. They possess vast experience and have a repertoire of situations that they can draw upon, all of which served as an autopilot in emergency situations. Unlike theoretical knowledge, professional experience cannot be gained from books (Halldorsdottir and Karlsdottir, 2011). The midwives reported that newly qualified midwives turned to them for help and support in the care of women giving birth. This is in line with van der Putten's (2008) description of how midwives who had just passed their examination perceived that they had good theoretical knowledge but turned to experienced colleagues for help with practical issues and dealing with difficult cases. Midwives have a solid knowledge base (Jangsten et al.,

2010) and the participants continued to develop their knowledge in order to maintain their sense of security. The midwives also participated in ongoing professional education provided by their employer, which further strengthened their sense of professional security. Regular practical team training leads to a sense of security, as all team members share the same knowledge about how to manage acute situations and provide appropriate treatment. Dekert et al. (2010) hold that practical training improves learning and increases self-confidence.

Pehrson et al. (2011) found that training can improve knowledge of cardiotocography (CTG), leading to better quality care. Team training courses (Beasley, 2005) improve the maternity team's knowledge and practical skills, resulting in greater structure in acute situations as well as security. Cass et al. (2011) claimed that practical training can contribute to improved maternal and neonatal outcome. Secure team members mediate a sense of security, in turn leading to more secure midwives, which also reflect on their colleagues. According to Alharbi et al. (2012), the most important task is setting goals and how they would be achieved in order to maintain the sense of solidarity in the team. The team members learn to collaborate in groups as well as to communicate through problem-based learning (Haigh, 2007). Effective communication and team work are the foundation of high quality care that is safe and secure (Leonard et al., 2004; Olsson and Adolfsson, 2012).

The midwives reported lack of security when the team members had a low level of knowledge and experience. Responsibility becomes overwhelming and they are obliged to deal with and take responsibility for situations that surpass their competence. Moreover, if the workload in the unit is too heavy or there is a shortage of staff (Larsson et al., 2009), the midwives are expected to be available for all staff members at the same time. This results in failure to meet patients' care needs as well as midwives losing their sense of security. Frequent cutbacks, low staff levels and more duties created territorial thinking among the team members, leading to individuals protecting their own interests. Communication was poor or non-existent and the ability to listen to others was absent. The team members turned against each other instead of collaborating. Trust in the team became weak and was replaced by distrust.

The midwives in the present study stated that clear leadership, a well-structured unit and sufficient time for patients were essential for the experience of security, which agrees with the study by McCutcheon et al. (2009), who revealed that the style of leadership and size of the unit have an impact on the work environment. According to Kay (2010), midwives want a job description with clear boundaries indicating where their responsibility ends and that of the leadership begins as well as the opportunity for

dialogue with management about the factors that impact on their sense of professional security. Tomey (2009) wrote that nurses who received clear guidelines from the care manager found it easier to identify and utilise care-related knowledge to change and improve routines in the department. The participants in the study by Bishop (2009) wished for open communication and a good relationship with the leadership. They were of the opinion that this is vital for patient care.

The midwives described memos, care plans and routines as pieces of a jigsaw puzzle that provided support and security in their daily work and served as a frame that set boundaries but also allowed freedom. It is compared with Downe et al. (2007) who describe a knowing when to step in and when to let it be. The midwives experienced lack of security when the pieces were too many or very complex, as they no longer knew how to fit them all in. Previous knowledge and experience were jeopardised and the midwives lost control and made it difficult to make use of what Oberle and Allen (2001) call practical wisdom. The same sense of insecurity emerged when there was not enough time to perform all their duties and had less time for the patients. The results show that human relationships (Hunter et al., 2008) can be likened to the threads that bind a fabric together. Good relationships between different professional categories and with patients are of fundamental importance for high quality maternity care (Olsson and Adolfsson, 2012).

During longer periods characterised by a heavy workload, the midwives reported divided feeling and often doubted their ability. Goodwin (2007) described rest as a phenomenon that influences human health and makes it possible to become aware of and satisfy basic needs. Rest offers release from mental stress and work. When recovery occurs, it provides a sense of balance, harmony and zest for life as well as a feeling of being whole. Rest is an existential part in human life due to its fundamental importance for creating meaning in life. It is important for new midwives to have the opportunity to work at a maternity unit where they can be supported by an experienced colleague (Hughes and Fraser, 2011) and to allocate time to enable the latter to provide assistance.

Conclusion

Expert midwives can create the prerequisites for their professional security. Several constituents combine to shape midwives' sense of professional security; an inherent sense of security, own knowledge and experience, team collaboration, visible and clear leadership Experience, in addition to taking advantage of the competence training offered. A platform for security was when management ensured competence and experience among

team members and adequate staffing on the shifts. When security was lost, the midwives became afraid and joy and calm disappeared. In order to safeguard midwives' security as well as patient care time for rest is essential, as it permits reflection and evaluation. In future studies it would be interesting to investigate how newly graduated midwives experience security and what kind of support they needed.

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Conflict of Interests

The author(s) have not declared any conflict of interests.

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