Accepted Manuscript

Continuing professional development and changed re-registration requirements: Midwives reflections

Michelle Gray, Jennifer Rowe, Margaret Barnes

PII: S0260-6917(13)00389-4
Reference: YNEDT 2631

To appear in: Nurse Education Today

Accepted date: 21 October 2013

Please cite this article as: Gray, Michelle, Rowe, Jennifer, Barnes, Margaret, Continuing professional development and changed re-registration requirements: Midwives reflections, Nurse Education Today (2013), doi: 10.1016/j.nedt.2013.10.013

This is a PDF file of an unedited manuscript that has been accepted for publication. As a service to our customers we are providing this early version of the manuscript. The manuscript will undergo copyediting, typesetting, and review of the resulting proof before it is published in its final form. Please note that during the production process errors may be discovered which could affect the content, and all legal disclaimers that apply to the journal pertain.
Title Page (provide as a separate sheet/file)

Title in Capitals: CONTINUING PROFESSIONAL DEVELOPMENT AND CHANGED RE-REGISTRATION REQUIREMENTS: MIDWIVES REFLECTIONS

Authors in lower case letters: Michelle Gray, Mast Prof Learning, BSc(Hons) Midwifery, PGDE RM, RN.

Jennifer Rowe, PhD, MPhil, Grad Dip Ed, BA, Dip Ed, RN.

Margaret Barnes, PhD, MA, BEd, RN, RM.

Details for corresponding author:
Ms Michelle Gray
Lecturer, School of Nursing and Midwifery
Address: University of the Sunshine Coast, Locked Bag 4, Maroochydore DC, Maroochydore, Queensland 4558, Australia

Contact telephone number: Office: +61 7 5456 5031, Mobile: 0435010648
Email: mgray@usc.edu.au
Fax: +61 7 5456 5940

4-8 keywords: Registration, continuing professional development, motivation; practice competency; case-study.

ABSTRACT

Word count: 290

Background: In 2010 new legislation in Australia led to the establishment of the Australian Health Practitioner Regulatory Authority standards, now used to manage nursing and midwifery registration and the annual re-registration requirements for midwives and nurses. These clearly articulate the continuing professional development (CPD) requirements together with a guiding framework. Individuals need to engage in adult pedagogy which makes explicit the need for self-examination to identify and prioritise their learning needs.

Objectives: This study aimed to investigate how existing registered midwives approach and are challenged by these changed statutory requirements in Australia, particularly completion of CPD activity.

Design: This paper reports findings from phase one of a two phase, longitudinal, case study in which midwives describe their experience during in-depth qualitative interviews.

Setting: Australia
Participants: A sample of 20 female participants was recruited nationally from four states using a purposive sampling approach to provide maximum variation to explore the issue.

Methods: Each participant took part in an in-depth interview. In order to facilitate reflection on experiences each participant was asked to discuss an object that held professional value or meaning to them.

Results: A key theme in the findings is the relationship between motivation which influences the decisions that midwives are making about CPD, their ongoing registration and practice context. The findings reveal implicit values and beliefs about practice relationships and how these function as motivational factors that influence midwives decisions about CPD and practice options.

Conclusions: The findings provide insight into the need for system wide dialogue to devise ways to support midwives to maintain as well as to continue to develop their practice, through CPD and to acknowledge the challenges faced by those midwives who currently hold dual registration as a registered nurse in the context of the changed requirements.
INTRODUCTION

In 2010 legislation in Australia changed (Health Legislation Amendment Act, 2010) which has influenced the regulation of nursing and midwifery. In particular this change led to a shift from state based legislation to national legislation and regulation, and the creation of separate registers for nurses and midwives. Previously, nurses were endorsed on their nursing registration to practice midwifery. The new legislative environment has led to the establishment of the Australian Health Practitioner Regulatory Authority (AHPRA) and a number of new registration standards in both disciplines. These standards are managed in nursing and midwifery by the Nursing and Midwifery Board of Australia (NMBA); standards cover competency to practice, evidence of continuing professional development (CPD), proof of recency of practice (ROP), and insurance details. In Australia practitioners may hold dual registration as nurse and midwife but must meet the requirements for each register to maintain registration. The impact of these changes has international interest and significance for midwifery ongoing professional development and workforce makeup. Globally, for workforce planning purposes, there is strategic action to regulate practice and to promote the standards for education and ongoing professional development in midwifery (ICM 2011 WHO 2010).

In Australia, prior to 2010, registration requirements were State or Territory base. However, since the regulatory changes a practitioner must demonstrate completion of 20 hours of CPD activity for each registration in order to renew registration each year (NMBA 2010). The Standards now clearly articulate a requirement for nurses and midwives to take responsibility for deciding what education is relevant to them by planning to meet their learning needs and be responsible for ensuring they complete the required number of hours, and demonstrate reflection on learning in order to show the value of the learning and its effect on their practice (NMBA 2010).

This paper considers one aspect of these changes: continuing professional development amongst registered midwives. Midwives have a legal, regulatory and ethical obligation to remain up to date and informed about the best current evidence for care and to implement critical review of their practice as part of CPD (Sandin-Bgo et al 2008, NMBA 2010, and International Confederation of Midwives 2005, APHRA 2010). A range of benefits are attributed to post graduate education, clinical practice experience and CPD and are described in the literature. They include increased confidence, choice, autonomy, increased motivation and skills for lifelong learning (Ellis and Nolan, 2005; Spencer 2006; Veeramah 2004, O'Shea 2003). Education can provide a transformative turning point (Mezirow 2000) leading to increased practice confidence and competence (O'Shea 2003, Nicholls...
and Webb 2006). Engagement in CPD endeavours is reported to be motivated by personal and professional motivation (Spencer 2006). A dichotomy between the values of academic education versus the significance of clinical practice learning is alluded to by practitioners (Gould et al 2007). Consequently, the decisions adults make are influenced by values. Adults need to know why they need to learn something and so individuals learning outcomes will be dependent in part, on individual’s choices about engagement in the learning activities (Race 1990). So the literature suggests that motivation and values influence the choices and decisions made about CPD, based on the significance to individuals.

We currently do not know what decisions midwives are making about CPD, registration and practice options considering the requirements in the new system and considering the Standards for each discipline. This novel situation invites contemporaneous research to investigate how existing registered midwives approach and are challenged by these requirements, and importantly, what influence these have on their practice, its quality and context.

Dual registration, diverse practice roles and career pathways in Australia represent some of the complexities influencing midwives’ decisions and actions in response to these requirements. This change in re-registration requirements could create a turning point for some individuals in their professional life. Understanding midwives’ response to the changes in re-registration requirements will provide direction for health service and education providers for CPD and workforce planning.

**THE STUDY**

**Aim**

This study aimed to investigate midwives’ responses to the changed re-registration requirements in Australia in a contemporaneous exploration of midwives’ decision making and reflections about registration, CPD and practice, in the period following the regulative changes. In this paper one question is addressed: What decisions are currently registered midwives making about their CPD, re-registration and practice context?

**Design**

A case study design was used to enable a focused in-depth investigation of the phenomenon (Yin 2009; Stake 2005, 2008). Case study methodology permits collection of data from numerous sources. This case study used a qualitative and longitudinal design conducted in two phases. This
paper reports findings from the first phase data collection conducted in the first 12 months following the regulative changes. The focus was on participants’ understanding of the changes, the value to their practice and their decision making during this period, particularly in regard to CPD. The second phase collected data to further explore the impact of the changes on participants’ practice, registration decisions and ongoing professional development.

Participants

Participants were recruited nationally from four states using a purposive sampling approach to provide maximum variation to explore the issue thoroughly (Bloomberg and Volpe 2008). Following institutional ethical approval for the project (S/11/360), participants provided written consent. Convenience procedures were used to recruit currently practising registered midwives working in any clinical, education or management role in either public or private settings. Participants not registered as midwives with APHRA June 2010 were excluded from the sample.

The sample consisted of 20 female participants. One participant held single registration as a midwife, the remainder all hold registration on both the nursing and midwifery registers as nurses and midwives. The demographic profile is set out in Table 1; 2 participants were under 30 years, 5 participants were under 40 and the other 13 reflect the workforce demographics with the average age 40.7 years (AHWAC 2002). Table 1 also identifies the participants’ practice settings and roles. This demonstrates diversity in setting across private and public health services. Participants also worked in a range of roles; 5 worked in nursing positions, 15 were practising midwifery. Of the participants, 13 were in primarily clinical positions, 4 in worked education and 3 in management.

Data

Each participant took part in one in-depth interview, conducted between October 2011 and April 2012. A conversational approach was adopted to generate in-depth explanations of meaning about the phenomenon (Rubin & Rubin, 2005). As part of the interview process each participant was asked to discuss an object that held value or meaning to them in their practice. Objects can assist an individual to express meaning during the sharing of experiences (Atkinson 2002, Bell 2010).

The use of objects in research originates from qualitative approaches in social sciences where visual material have been used as an integral part of the research process whether as a form of data, a means of generating data, or a means of representing results (Knowles and Sweetman 2004). In this study the objects assisted to elicit information and to add depth to a participant’s description of their experiences and decision making in the current change environment. Objects take various physical or non-physical forms: they have been described in the literature as physical (Garrow and
Stove 2007), visual (Berlin and Carlstrom 2010) and forms of verbal expression (Molina and del Rio, 2009).

The objects selected by the participants for discussion were varied and included memorabilia connected to study; gifts from women (clients), images and memories of experiences. Regardless of the object, participants consistently told a story to explain their object’s significance. The reflection generated by discussion of the objects gave insight into the values held by the participants in relation to their practice, and subsequently values associated with CPD were explored. Table 2 identifies the type of objects used in the interviews. Physical forms included gifts and mementos as well as educational materials; non-physical objects included a range of verbal memories.

Analysis

Interviews were transcribed verbatim. Analysis was performed initially by hand in an iterative process in which data were labelled within individual interviews and then across interviews. NVivo software (Beekhuyzen et al 2010) was then used to manage the labelled data and facilitate comparison of labelled data across the interviews. This facilitated the collation of data into categories and preliminary themes.

Rigor

Participants were given the opportunity to review their transcript to confirm or refute any narratives. Consultation was performed with research team members to confirm categories.

FINDINGS

Motivation emerged as a core theme. This theme underpinned midwives’ narratives about their approach to CPD and influenced their decision making in respect to continuing dual registration or reverting to single registration. Three categories inform this theme; participants were motivated by their relationships as midwives with women, relationships with their peers and by their self-assessment of their competence.

Motivation – relationships with women

Midwives revealed that they receive recognition and validation of the important role they play from women. They recalled experiences of relationships with women and discussed how this influenced their midwifery practice, which in turn motivated their choices around CPD to maintain their competence. Nell’s (pseudonym used for each participant) object of value was a gift from a woman she had cared for:
‘In the last week something of value to me has been a purple box by Crabtree & Evelyn that a lady gave to me last year and that made me think about the relationship I had with her because it reminds you of the experiences you had with people and the impact .....I think we are very lucky in our job because we do make meaningful links with women. A lot of the time it is not acknowledged or recognised’ (Nell).

This relationship was a strong organiser for Nell, a midwifery manager, who acknowledged the importance of her experiences with women and patients as they motivate her to maintain both her nursing and midwifery registrations. She was undertaking a management course as her CPD, to improve not only her practice but importantly influence other staff she managed.

Many midwife participants identified that their incentives for CPD were based on the value placed on being the best midwife they could for women by maintaining midwifery competence or improving clinical skills. Sally shared her object of value and spoke of its importance to her in relation to her philosophy of midwifery.

‘It’s an oval shape, flat piece, on the topside of it, is a sculpture shape of a naked pregnant women. On the back is engraved the word Abundance. I think abundance to me is everything a woman is.... an abundance of love, an abundance of belly....an abundance of milk to feed that baby, and that’s I guess something I quite admire..... What I value in my practice is knowing there are people out there who had a better birth because I was able to be there, not necessarily because I am the best midwife in the world but because my practice is valued.... women believed I was with them’(Sally).

Sally’s narrative is representative of many of the conversations generated by objects, and their values around practice and CPD. Emma shared her Midwifery Practice Review (MPR) portfolio as her object of value to discuss her aspirations to become a full time independent midwife:

‘the MPR is because I want to be an independent midwife ...... I just want to give my women the best and for that having recency and doing recency of practice and showing that you are doing evidence based care.... that’s why I continue my study. It’s for my women so that they get the best care possible’ (Emma).

Sally and Emma’s motivation for CPD was inspired by the needs of women. Relationships with women were significant catalysts for participants when selecting practice and CPD options. Sharon identified her chosen object of value was her newly acquired skill of intravenous cannulation:
I would say my IV cannulisation skill I know it’s not essential for midwives to do that but it’s good to provide a more holistic service to women and it’s taken me nearly 10 years to get authorised..... a couple of weeks ago I blew a few veins, but this week and last week I got four out of four. So that’s sort of my thing at the moment, getting that right. That’s what I value at the moment, so in an emergency I can support that woman fully. ’ (Sharon)

Talking about their objects helped these midwives describe their ideals, reflect on their practice, and identify future plans. Midwives were passionate about providing the best care possible for women.

Motivation – relationships with peers

Peer relationships appeared to play a part in motivating individuals to engage in CPD and maintain competence. Characteristics of supportive peer relationships were friendship, feeling valued and part of the team, receiving acknowledgement and guidance. Recollection of personal experiences were stimulated by photographs that triggered memories of the camaraderie and support shared with a peer during tertiary study which were expressed with pride by a number of participants:

‘I have some photos of my graduation....with the girls I did my training with.....because we have a common bond of what we went through together ...and that photograph on graduation day is like yeh! We made it’ (Nicole).

‘We graduated together, and it was so good having that person there, we’d talk everyday about our assignments and how we were going and having that support person there is always great when you are studying’ (Sarah).

Sarah and Nicole explained how their photographs held personal and professional meanings; their stories exemplify internal and external motivation. Sarah expressed personal pride at her academic achievements and wanted others to experience that too and her reflection on the centrality of supportive peer relationships in these motivated her to assist her peers:

‘I like to offer other people in the workplace lots of support in-terms of their own study’ (Sarah).

Peers such as Sarah were referred to as role models; professionals that participants aspired to emulate. Admiration for peers who displayed desired behaviours lead individuals to evaluate their own personal learning needs and CPD, in turn enabling participants to achieve their aspirations, as identified in the following narrative:
‘I would look at somebody’s practice and you thought gee I want to be like that person, what is it that, that person does? ... wow she is such a fantastic person I wish I could do something like that... How do I get like that? ..... knowing how much I valued mentors or midwives who had helped me along in my journey. ....you do look for role models and base yourself on them, I want to be that for those people around me’ (Sam)

Sam’s object of value was verbal iteration of her experiences which have shaped her philosophy of care. She talked about supporting and encouraging others, both women and midwives, and discussed the importance of providing guidance to peers and women alike.

Zoe’s object of value was a letter of commendation that was written about her from a patient:

‘the hospital I work in have just started a nursing excellence award... I was nominated this year... that’s not what was special to me, what was special, was that I was sent the feedback form about me... and that was special because I remember this woman... the feedback form was saying, that every time that I was there... that was nice that she noticed yes, so that was special to me. Not the award. The feedback..... What could have been a really horrendous and negative experience for her she remembers positively so and that’s the best sort of feedback’ (Zoe).

Zoe went on to discuss how colleagues were approaching the responsibilities to complete their CPD hours for re-registration, highlighting contradictory motivations around CPD:

‘I have had an onslaught in the last month before registration, “how do I get more points”, “I need more points”, “what can I do to get more points?” ... it’s not about the learning. I had one midwife who went off and did RANZCOG CTG workshop three times in a year at different sites to get more points. I said, “I don’t think it works that way”, she said, “no, no, no, it’s all about getting the points”... ’(Zoe).

Despite maintaining their CPD activities in midwifery, three participants working in nursing roles faced the prospect that they may have to resign their midwifery registration.

**Motivation – self assessment and being ‘up to par’**

The interviews were strongly reflective in nature and the use of objects stimulated reflection but also helped participants to reveal how they were self-assessing their competence to practice in the changed environment and how this assessment was informing their actions and decisions.
Sue’s object was a gift from a woman, an ornamental tree made of metal that had two types of precious stones as the leaves. These leaves represented the two children the woman had birthed; both while being cared for by Sue. Sue identified the importance of supporting women postnatally but she went onto explain:

‘I am behind... the delivery stuff. I haven’t done that many deliveries since my training and I really feel... (pause) I could deliver a baby in an emergency if I had to.... I would feel nervous going back into delivery suite, I would like to do it a few times to get back up to speed... just making sure you stay relevant. I don’t feel I would qualify as a registered midwife to go back into the delivery ward without having some sort of retraining’ (Sue).

Personal assessments such as Sue’s highlighted the importance of their practice to support women and their reflection on their competence across the practice skills they required rather than on hours of CPD completed.

Naomi’s object was verbal; her professional experiences (nursing and midwifery). She saw these as valuable and essential to good practice. Her main role was in nursing, but she went to the maternity unit every year to maintain clinical hours however she did not feel this was adequate to achieve competency;

‘I didn’t think I was up to par. Like, I didn’t think my skills were good enough..... I do try and go back each year to maintain my skills. Last time I felt a month really wasn’t enough....if I felt I did something incompetent like if somebody got hurt as a consequence or not cared for properly that would be it, I wouldn’t go back, no that would be it. Time to concentrate on one thing (nursing)...so I hope I don’t ever get to that stage’ (Naomi)

Nicole also identified difficulty with renewing her registration as a midwife. Her object was a photograph in which she discussed the importance of camaraderie of peer relationships. She talked about her efforts to maintain her midwifery skills, taking advantage of having a maternity service in the same hospital in which her role was a nursing one:

‘...if our ward was closed, they would say go and help maternity.... I would probably do maybe six hours or something... it wasn’t a regular thing, you couldn’t predict it..... you’d get there and they would say great, you can have the nursery and you’d go in, get familiar with the babies and then the phone would go and they’d say you’ve had an admission you have to go back to your ward...’

She reflected on the organisational difficulties in her approach:
‘...the biggest thing is not being supported by management, they complain they haven’t got midwives but when I am crying out to go there and get my practice hours up to date they say no we can’t let you go. And then the educator has kept me informed of courses and when I have applied to go, the director of nursing has rang my manager and said, “What does she want to do that for?” (mimicking the conversation)”Cos she’s a midwife!” “Oh”. They don’t seem to have any concept of what’s going on in their hospital or who’s who. So I just found it really frustrating and in the end and I thought this is ridiculous, I am just going to forget about it’ (Nicole)

Nicole’s narrative highlights the importance of a systems or organisational approach to supporting midwives to complete their CPD and maintain their competency. Despite her internal motivation and actions to undertake CPD lack of organisational support led Nicole to self-assess that she did not meet the requirements for recency of practice. She changed her registration status in 2012, to that of non-practising midwife.

DISCUSSION

The aim of this paper was to investigate midwives’ responses to the changed re-registration requirements in Australia, particularly decision making in regard to CPD activity. CPD ongoing professional development is recognised internationally as an important basis for a quality workforce and for the provision of safe and effective care (WHO 2010). Findings revealed much about the motivation and thinking about practice that may be forming the basis of engagement with CPD in the face of the new regulatory environment. The participants’ reflections on those aspects of their practice which they valued and which in turn, motivated their actions and ongoing professional development were given depth by the use of objects of value which they selected to discuss during the process of the interview.

Relationships with women were discussed by the participants and for some were linked to their decision making. Midwives were compelled to discuss the value of their relationships with women during discussion of their objects. It appears that these relationships encouraged them to engage in professional development. The appreciation women showed through expressions of thanks in gifts and cards provided confirmation of the difference the midwife made to their experience and so increased midwives’ confidence in their ability to make a difference to women’s experiences. Consequently this motivated them to continue to invest in their own self-development to improve care for women. Previous research has identified that meaningful relationships with women, where
the midwife feels needed, are motivational and facilitate learning (Olafsdottir 2006, Hunter 2006, McCourt and Stevens 2009).

Peer relationships were also identified as motivating. They provide aspirational exemplars in the form of role models. Participants’ conversations suggest value is attributed to the experience of being mentored or mentoring others. Peer relationships were viewed with admiration and respect. Peer relationships previously discussed in the literature have highlighted issues such as lack of cohesion and lack of empathy among peers; research such as that by Deery (2003) reported stressed, demotivated midwives with no support within midwifery led teams and Ball et al (2002) found lack of support among peers was detrimental and demotivating.

In this study the majority of the participants’ were dual registrants who planned to maintain both their nursing and midwifery registrations as they felt it was an obligatory requirement as an employee in an organisation relationship to meet service needs, especially in regional and rural locations. The decisions the majority of participants are making about their practice are based on self-evaluations of their clinical competencies and their aspirational plans. Self-assessment findings demonstrated the value of comprehensive practice competencies beyond the statutory CPD and recency of practice standards. For some participants there is a belief that they need to demonstrate recency of practice in all areas of midwifery practice; antenatal, intrapartum and postnatal areas. The Australian Nursing and Midwifery Council standards do not dictate that midwives must perform births. ‘The National Competency Standards for the Midwife provide the detail of the skills, knowledge and attitudes required; ‘It is expected that all midwives should be able to demonstrate that they are able to meet the competency standards relevant to the position they hold’ (ANMC 2006, p.4). This finding illuminates the tensions and links the decisions been made about CPD, practice and registration.

CONCLUSION

The novel practice situation in Australia, grounded in regulatory changes, potentially at least, has considerable significance for individuals but also for organisations and workforce planning more broadly. This study used objects of value in interviews, in order to assist in-depth reflection on issues surrounding practice competency and CPD. The findings that have emerged from the conversations indicate that midwives’ motivation and the decisions that they make about CPD, re-registration and practice are based on implicit values and beliefs about practice. As a research sample, motivated individuals are commonly attracted to participate in research studies and so the
reported decisions midwives are making about registration and future goals and aspirations are representative of the participant sample but cannot be presumed to be universally representative.

The findings revealed tensions concerning CPD and ongoing registration, born of self-assessment, particularly for registered midwives who are working in nursing positions where they are not required to use, regularly, their midwifery skills. Further, the findings provided insight into the need for system wide dialogue about ways to better acknowledge the challenges faced by dual registered nurses/midwives and to devise ways to support their ongoing professional development to maintain their competence and recency of practice. Facilitating opportunities for midwives to engage in meaningful relationships with women and their peers through team approaches has potential for beneficial outcomes. If individuals feel valued and supported they are more likely to be motivated to engage in CPD and maintain practice competency. Apprehending the reflections of individual practitioners at the coalface of this changed practice environment generates understanding of the relationships among motivation, CPD and registration renewal, which will in turn, inform workforce and professional development planning.

Words 4,212

REFERENCES

Australian Health Practitioners Regulatory Agency (AHPRA), 2010


Australian Nursing and Midwifery Council (ANMC) 2006 National Competency Standards for the Midwife


Beekhuyzen, J., Nielson, S., von Hellens, L., 2010. The Nvivo Looking Glass; Seeing the Data through the Analysis, QualIT Conference-Qualitative Research in IT & IT in Qualitative Research, Brisbane, Australia 29-30 November.


International Confederation of Midwives 2005 http://www.internationalmidwives.org/

International Confederation of Midwives 2011 International Confederation of Midwives; Global Standards for Midwifery Regulation. www.internationalmidwives.org (date accessed 26th September, 2013)


Nursing and Midwifery Board of Australia (NMBA), 2010. Guidelines for Continuing Professional Development. NMBA, Australia.


Table 1: Participant’s main practice role: registered nurse/registered midwife, service context and practice type, service type area and context.

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Main Role RN/RM</th>
<th>Practice Type</th>
<th>Context</th>
</tr>
</thead>
<tbody>
<tr>
<td>25-29</td>
<td>Midwife</td>
<td>Educator</td>
<td>Public Hospital</td>
</tr>
<tr>
<td>25-29</td>
<td>Midwife</td>
<td>Community</td>
<td>Private Practice</td>
</tr>
<tr>
<td>30-34</td>
<td>Midwife</td>
<td>Antenatal and postnatal</td>
<td>Community</td>
</tr>
<tr>
<td>35-39</td>
<td>Midwife</td>
<td>Birth unit team</td>
<td>Public Hospital</td>
</tr>
<tr>
<td>35-39</td>
<td>Midwife</td>
<td>Private Practice</td>
<td>Community</td>
</tr>
<tr>
<td>35-39</td>
<td>Midwife</td>
<td>Continuity team</td>
<td>Public Hospital</td>
</tr>
<tr>
<td>35-39</td>
<td>Nurse</td>
<td>Paediatrics</td>
<td>Public Hospital</td>
</tr>
<tr>
<td>40-44</td>
<td>Midwife</td>
<td>Antenatal clinic</td>
<td>Public Hospital</td>
</tr>
<tr>
<td>40-44</td>
<td>Midwife</td>
<td>Across all areas</td>
<td>Public Hospital</td>
</tr>
<tr>
<td>40-44</td>
<td>Midwife</td>
<td>Antenatal clinic</td>
<td>Public Hospital</td>
</tr>
<tr>
<td>45-49</td>
<td>Midwife</td>
<td>Director of Maternity</td>
<td>Public Hospital</td>
</tr>
<tr>
<td>45-49</td>
<td>Midwife/Nurse</td>
<td>Antenatal and postnatal</td>
<td>Public Hospital</td>
</tr>
<tr>
<td>45-49</td>
<td>Midwife/Nurse</td>
<td>Academic</td>
<td>University</td>
</tr>
<tr>
<td>50-54</td>
<td>Midwife</td>
<td>Community postnatal</td>
<td>Private Practice</td>
</tr>
<tr>
<td>50-54</td>
<td>Midwife</td>
<td>Manager</td>
<td>Public Hospital</td>
</tr>
<tr>
<td>50-54</td>
<td>Nurse</td>
<td>Manager</td>
<td>Public Hospital</td>
</tr>
<tr>
<td>50-54</td>
<td>Nurse</td>
<td>Theatre sister</td>
<td>Public Hospital</td>
</tr>
<tr>
<td>50-54</td>
<td>Nurse</td>
<td>Paediatrics</td>
<td>Public Hospital</td>
</tr>
<tr>
<td>50-54</td>
<td>Midwife /Nurse</td>
<td>Educator</td>
<td>Private Hospital</td>
</tr>
<tr>
<td>60-65</td>
<td>Nurse</td>
<td>Triage and advise</td>
<td>Call centre</td>
</tr>
</tbody>
</table>
Table 2: Objects chosen by the participants

<table>
<thead>
<tr>
<th>Physical Objects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gifts from women</td>
</tr>
<tr>
<td>Bottle of champagne</td>
</tr>
<tr>
<td>Tree ornament</td>
</tr>
<tr>
<td>Gift of purple box</td>
</tr>
<tr>
<td>Cards from women</td>
</tr>
<tr>
<td>Photo and letter from woman</td>
</tr>
<tr>
<td>Letter from woman</td>
</tr>
<tr>
<td>Memento’s – Practice Significant</td>
</tr>
<tr>
<td>Stone of abundance</td>
</tr>
<tr>
<td>Logo image</td>
</tr>
<tr>
<td>Breastfeeding image</td>
</tr>
<tr>
<td>Educational Materials</td>
</tr>
<tr>
<td>Skill of cannulisation</td>
</tr>
<tr>
<td>Graduation photo</td>
</tr>
<tr>
<td>Graduation photo</td>
</tr>
<tr>
<td>Midwifery text</td>
</tr>
<tr>
<td>Badge from initial training</td>
</tr>
<tr>
<td>MPR folder</td>
</tr>
<tr>
<td>Non-Physical Objects</td>
</tr>
<tr>
<td>Experiences of clinical practice skills</td>
</tr>
<tr>
<td>and knowledge in nursing</td>
</tr>
<tr>
<td>Memories of own birth</td>
</tr>
<tr>
<td>ACM Philosophy of midwifery</td>
</tr>
<tr>
<td>Experiences with birthing women and new</td>
</tr>
<tr>
<td>mothers</td>
</tr>
</tbody>
</table>