

Coaching and mentoring skills: a compliment to the Professional Midwifery Advocate role.

It has been five years since the removal of the statutory supervision of midwives and over four years since the role out of the employer led model Advocating for Education and Quality Improvement (A-EQUIP) (NHS England, 2017a). There is still however, a paucity of evidence recognising the national success or areas for development in relation to the employer led model, or if the role of the Professional Midwifery Advocate (PMA) as a quality improvement process and a supportive framework for the midwife and student midwife is effective. A rationale for this lies behind the intensity of managing our maternity services during a global pandemic, with time allocation to measure its effectiveness not accessible (Jardine *et al*, 2020).

Workload pressures within midwifery have been magnified due to the global pandemic causing anxiety and stress for all health care professionals, across all settings (Cole *et al*, 2020). The prediction of the retirement bomb, combined with midwives leaving the profession due to burnout, is having a considerable impact on maternity service provision (Power, 2016). There is additional recognition of stress factors caused by the changing landscape within maternity service provision. One such factor has been identified as the ongoing national implementation of the continuity of care (COC) model (NHS, England, 2017b).

Both Coronavirus Disease (Covid-19, SARS-CoV-2) and COC have additionally led to an increase in pressure on midwifery managers and midwifery lecturers to deliver a seamless service, combined with supporting midwives and student midwives during these difficult times (Ozga *et al*, 2021). The latter has not been without its challenges, as self-care and self-compassion for the majority have been side lined, with coping strategies proving to be ineffective (Cole *et al*, 2020).

Before COVID-19's impact on the United Kingdom, research suggested that midwives and student midwives who are self-critical, self-judge and lack self-compassion, can regrettably negatively impact on the women and babies that they care for. A survey commissioned in the United Kingdom (UK) in 2019

stipulated that the midwifery workforce is experiencing high levels of emotional distress with over 75% reporting personal burnout (Hunter *et al*, 2019). It is deemed that lack of self-compassion correlates negatively in care application. Additionally, this negative correlation increases the risk of burnout and compassion fatigue for the care giver (Beaumont *et al*, 2015). Therefore, the support framework for midwives and student midwives and the continuous improvement process that the A-EQUIP model is designed to achieve, is needed now more than ever in what has become known as unprecedented times (Radford, 2020).

Restorative Clinical Supervision

In March 2021 the A-EQUIP PMA model was adopted by the nursing profession. This came at a time when support was and still is, essential for nurses across all settings (NHS England, 2021). Equally both nurses and midwives are reporting post-traumatic stress syndrome (PTSD) with 92% of NHS trusts raising concerns regarding staff stress levels and burnout, both of which impact negatively on wellbeing (House of Commons Health and Social Care Committee, 2021). It is reported that exacerbated staff pressures resulting from the covid-19 pandemic, cause a further strain on service provision intensity. Both the PNA and PMA are critical in supporting nurses and midwives with the pandemic recovery process which has been argued to positively impact on NHS services and their patients (NHS England, 2021).

A-EQUIP has four primary functions (Department of Health and Social Care, 2016; National Maternity Review 2016; NHS England, 2016).

- Education and Development
- Personal Action for Quality and Improvement
- Restorative Supervision
- Normative (an evaluation of quality control standards within clinical practice)

Restorative 'Clinical Supervision' (RCS), a support network to boost staff wellbeing, is facilitated by the Professional Midwifery Advocate (PMA). The aim of RCS is to guide midwives and student midwives to solve their own problems and find solutions through peer support, increasing critical thinking, combined with the provision of developing personal resilience (NHS England, 2017; Power and

Thomas, 2018). It is further stipulated that adoption of the A-EQUIP model impacts on staff retention and improves outcomes for women and babies (NHS England 2017; Rouse, 2019).

Resilience within the workforce

There is no set universal definition of resilience. In recent years however, there has been exploration into the relevance of resilience within midwifery practice and how it can be identified (McGowan and Murray, 2016). Its interpretation has been argued to be multifaceted with complexities in pinpointing what risk factors impact on an individual's resilience levels (Williams, 2020). Demonstrating resilience is argued to be fundamental in managing stress and anxiety (Grant and Kinman, 2015) and in an emotionally challenging environment, charged with ever changing parameters, midwives and student midwives are required to hold the key traits of resilience whatever the situation.

Resilience is argued to be a process rather than an outcome and mostly derives from experiencing an unexpected event (Bryce *et al*, 2020). Midwives and Student Midwives who practice self-care, have self-awareness, are resourceful with their thought processes and have a clear vision of potential threat, have a greater capability to cope in a stressful situation (Connolly, 2022). Therefore, NHS organisations have a responsibility of developing resilience within their workforce through both financial resources and strategic planning. Without these the organisation is argued to be less operationally resilient. (Bryce *et al*, 2020).

Additionally, provision of support mechanisms to instil resilience for both midwives and student midwives is imperative to the decision-making process as it can safeguard midwives and student midwives when they experience challenging or distressing events. (Williams, 2021; Crowther *et al*, 2016) Furthermore, resilience aids with building competence and confidence in practice. This can have a positive impact when dealing with competing demands and enhance positive working relationships (Clohessy *et al*, 2019). However, Eaves and Payne (2019), debate that midwives and student midwives demonstrating traits of resilience are not protected from high stress levels, they state that this can lead to burnout and additionally the demonstration of resilience does not reduce a student midwife's intention to quit from their midwifery programme.

It is argued however, that interpretation of resilience within the caring professions is drawn from an internal perspective, which views resilience as a positive personality trait' (Matos *et al*, 2010). It emphasises resilience within the individual rather than reviewing from an ecological perspective. Traynor (2017) argues that flawed systems and staffing issues combined with exposure to challenging situations should be considered when defining resilience. Additionally, resilience is an emotive word, those not demonstrating the trait can become easily overwhelmed and look for an alternative coping strategy (Bryce *et al*, 2020).

The Student Midwives and resilience

To support student midwives with coping strategies with regards to balancing academic and clinical application pressures, resilience should be incorporated into midwifery training programmes early to ensure they are equipped with skills to deal with emergency scenarios (Davies and Coldridge, 2015). (Pezaro *et al*, 2016; Power, 2016) support this, stating that demands of the student midwife role can be challenging. They go on to say that the art of applying theory to practice in a fast paced, emotional environment combined with flawed team dynamics and academic pressures can cause extreme amounts of pressure for the student midwife, causing stress, anxiety, exhaustion and burnout. Therefore, those accessing the service of the PMA additionally need to be acutely aware of the importance of self-care and the positive outcomes it can bring to not only oneself but to those in their care (Rouse, 2019).

Suggestions have been made that for the student midwife, educators must provide increased levels of support in suitable learning environments, ensuring they are equipped with tools and practical skills to qualify as registered midwives with wellbeing, being a priority (Eaves and Payne, 2019). Power (2016) concurs, stating students should be supported throughout their midwifery training programme as it equips them with the ability to cope positively in practice.

The impact of Covid-19 on those working in the health care sector has caused fear, trepidation and anxiety levels to increase considerably (Uytenbogaardt, 2020). Additionally, Ralston *et al* (2020) have highlighted that young and older females are deemed more at risk of experiencing anxiety than males aged over 25. 89% of qualified midwives are female (Nursing and Midwifery Council (NMC), 2018a) with 32% being over 50 and 3511 midwives reportedly being in their

twenties and thirties (Royal College of Midwives (RCM), 2018; pg 9). This places a high percentage of midwives and student midwives in a high-risk category for increased anxiety levels. Therefore, support mechanisms within higher education institutes and clinical placement areas for midwives and student midwives is paramount.

Supporting strategies for student midwives

The challenges of the global pandemic opened a debate with strong recommendations to address and implement choice for undergraduate Nursing and Midwifery Students (NMC, 2020). The vision was to ensure that students were supported with their learning to enable completion of their studies. In March 2020 emergency standards stipulating covid-19 emergency legislation provisions were implemented, with a focus on second- and third-year student midwives being granted a choice. The strategy for choice was adopted to reduce significant distress for those students experiencing the unfamiliar territory of a global pandemic. The students could opt to either practice for a 12-week period, be supernumerary and salaried, or to continue an academic pathway until a recovery strategy had been sought (NMC, 2020). This caused disruption to both academic and practical learning, enhancing anxiety for student midwives due to the uncertainty of the time span surrounding the pandemic, combined with completing the midwifery training programme within the specified 3-year time allocation.

As a Senior Lecturer in Midwifery and named Professional Midwifery Advocate at the University of Northampton, the author has experienced first-hand the difficulties in trying to obtain a post graduate qualification and applying this to practice during the global pandemic. The feelings experienced by the author echo those that have been voiced in PMA and Personal Tutor meetings attended by student midwives. The main concerns which were verbally raised by student midwives who chose the academic pathway can be seen in table 1.

Table 1

Students who chose the academic pathway voiced concerns
Will we qualification on time?

Difficulties attending virtual lectures whilst caring for children who were being home schooled.

Loss of practical application which impacts on clinical skills and competencies that are required to be documented within the student midwives Practice Assessment Document.

What support is the university and practice providers offering?

Those students who chose the practical pathway, additionally verbally raised concerns. See table 2.

Table 2

Students who chose the practical pathway voiced concerns
At what point during the course will the remainder of the theory be facilitated?
Will we qualify on time?
Are we able to care for those women who have been diagnosed with covid-19?
Fear of contracting covid-19
Am I eligible for the vaccine?
What support is the university and practice providers offering?

At times there were no answers to some student midwives' questions, which exacerbated emotions of students further. However, regular meetings were held with student midwives from all cohorts to keep them updated with any change of guidance from the NMC, Government and the University. The provision of RCS was facilitated for all sessions by the PMA and the coaching skills acquired further aided in what was a distressing time for student midwives.

The role of the PMA in supporting student midwives with future uncertainty was invaluable at the height of the pandemic. To date (December 2021) it is acknowledged that we are now in the middle of the third wave of covid-19, with

scientific predictions being voiced in trepidation. There is an added fear that the omicron variant may bring about further disruption to maternity staffing, service provision, combined with a concern for the wellbeing of mothers and babies as almost 75% of pregnant women resident within the United Kingdom (UK), remain unvaccinated (Translated by Content Engine, 2021). However, there is hope that the vaccination programme will prove to be successful (Lacobucci, 2021).

Coaching, Mentoring and the PMA

The author is passionate regarding support for student midwives and prior to lock down commenced a postgraduate course in coaching and mentoring. The rationale for undertaking this qualification was to enhance PMA skills further by complimenting the one to one and groups sessions at the university with additional skills that had been acquired from completing the course. This qualification came at a time of great need and the skills that have been attained from completing the course have proved to be beneficial to the author, midwives student midwives, as well as fellow lecturers within the university.

The role of PMA and RCS is comparable to that of a coach and mentor as it principally focuses on supporting the individual or attending group attempting to resolve their own issues by responding to open questions or seeking guidance for a resolution through peer support (NHS England, 2017a). This is argued to enhance critical thinking and a platform for developing personal resilience (NHS England, 2017; Power and Thomas, 2018; Ross; 2018; Rouse, 2019).

In recent years it has been widely documented that coaching and mentoring has gained momentum (Baek-Kyoo *et al.*, 2012; Price and Fernandes, 2013), with an acknowledgement that the surge within differing organisations has derived from the recognition that coaching and mentoring not only benefits the employee, but also benefits the organisation (Baek-Kyoo *et al.*, 2012; Woo, 2017). Coaching and mentoring has elevated to a point whereby there is now universal creditability attached to the profession (Chartered Institute of Personnel and Development (CIPD), 2020), as its growing reputation demonstrates a distinguished positive gain between the dyad of employee and employer. Like the A-EQUIP model it is centralised around staff development, with the aim of maximising the employee's full potential, thus impacting positively on staff wellbeing, staff retention and

productivity for the organisation (Whitmore.; 2009a., Ross 2018., NHS England, 2017).

It is well reported within midwifery literature, that support for midwives and student midwives is essential as the threat of midwife shortages impacts on the capacity to provide safe and effective care for women and their babies (RCM, 2018). The role of the PMA in supporting midwives and student midwives to achieve their goals by unleashing their potential to accomplish this, will certainly aid with attrition rates for both midwives working within the NHS maternity services and Higher Education Institutes (HEI) for those students on the pre-registration midwifery training programme (NHS England, 2017).

It is worthy to note that almost 80% of people know how to resolve their issue, but a lack of confidence inhibits them from moving forward towards their end goal. (Stoltzfus, 2008 pp17). Therefore, the additional qualification of coach and mentor to compliment the role of the PMA, can only enhance the skill set of the facilitator, enabling the PMA to guide those who access the service with problem solving skills.

The comparable roles of the PMA and the coach/mentor include; the PMA primarily supporting the attendees as an individual or in a group, by giving time and space to reflect and explore work environmental experiences. It is performed in a safe confidential environment with a confidentiality agreement confirmed at the commencement of the session. Additionally, there are distinct activities to shared features between counsellor, mentor and coach (table 3) and as a midwife/midwifery lecturer and PMA, it is imperative that sphere of competence is adhered to when supporting others. This is applicable to both the role of the coach and the PMA whereby a referral may be necessary to those more suitably equipped to support the midwife/student midwife (Westgard, 2017). This too, is pertinent when developing coaching and mentoring skills, as a novice coach/mentor lines may become blurred, particularly the line between coaching and counselling (Taylor, 2006).

Consideration should be given to the midwife who holds several key roles and how the overlap of roles and responsibility within that role can be mitigated. For example, a midwife may be a mentor (Practice Supervisor/Assessor), coach and PMA. Clear boundaries and understanding of the purpose are crucial to midwives

who are seeking support. Two basic concepts to guide with these boundaries are one; acknowledgement that coaching takes place in the present and focuses on future goals, whereby counselling concentrates on past events and two; coaching is for driven functioning people, whereby counselling is for people who have a degree of dysfunction or chaos (William's, 2003).

(Westgard, 2017 pp31) stipulates that there are shared features and distinctions between counsellor, mentor and coach. See table 3 below:

Table 3

	Counselling	Coaching	Mentoring
Shared features	<p>The development of trusting relationships, which lead to the client feeling safe in a confidential environment</p> <p>Using valuable engaging skills to assist the focus of positive change</p> <p>Being non-judgemental, empathetic and authentic within the relationship.</p>	<p>Building safe confidential relationships and the development of trusting relationships</p> <p>Using valuable engaging skills to assist the focus of positive change</p> <p>Being non-judgemental, empathetic and authentic within the relationship.</p>	<p>Developing trusting relationships that are confidential and trusting</p> <p>Using effective strategies to maintain focus for a positive change.</p> <p>Being non-judgemental, non-autocratic, empathetic and authentic within the relationship.</p>
Distinctions	Addressing emotional, psychological and behavioural issues,	Addressing professional and personal issues and using strategies and	Addressing learning, health, and work-related issues. Sought

	utilising counselling therapies and techniques. May require long-term input Attached to a regulatory body with accreditation and the requirement of regular supervision	diagnostic tools to develop career and life goals. Short term input. No more than 6 weeks required. No regulatory body	advice is driven by mentee. Unplanned meetings which are sporadic. No regulatory body
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PMA and coaching reflective practice

As a midwife and university lecturer it is vital to have the knowledge base to equip student midwives with the skill set to self-reflect, self-evaluate recognise and acknowledge what they have done well, combined with identifying gaps and areas for development. This is stipulated in The NMC code for professional conduct (NMC, 2018b pp.10) which states "*gather and reflect on feedback from a variety of sources, using it to improve your practice and performance*". This can be achieved by instilling confidence to attendees with open dialogue that provokes reflective conversations (Rouse, 2019).

This reflective practitioner skill set is additionally transferable from the role of the PMA to that of the coach mentor. It is important as a coach to continually develop professionally, reflecting 'in action', spontaneous thinking and reflecting 'on action', retrospective thinking (Schon,1987). It is argued to aid with learning by doing combined with evaluating progress to date and making the necessary adjustments to ensure the facilitation of effective coaching and mentoring sessions.

However, to achieve this, the coach/mentor is required to have a skill set to enable the attendee to maximise their professional and personal potential. It is a

necessity for the coach/mentor to have certain attributes and traits to be the enabler for the coachee/mentee to reach their full potential (Clutterbuck and Megginson 2016). It has particularly been identified that development of trusting relations is key, with Price and Fernadez (2013) stipulating that one to one coaching sessions foster professional growth and learning for the coachee which has evolved from the development of a trusting relationship.

Again, there are shared characteristics which the coach, counsellor, mentor and PMA hold. (NHS England, 2017., Westgard, 2017). These characteristics have been argued to compliment the four disciplines and in particular, mentoring is argued to moderate the positive relationship between employee and coach which determines organisational commitment (Woo, 2017). To be an effective coach/mentor and PMA it is imperative that the attributes/characteristics listed in table 2 below are recognisable traits in the coach/mentor/PMA facilitator.

Table 4.

Coaching Mentoring, PMA and counselling: shared characteristics (Westgard, 2017., NHS England 2017)
Building transparent confidential, safe and trusting relationships with attendees
Using effective strategies and guiding to acquire skills to engage with issues presented by the client/midwife/student midwife
Using supportive helping skills to look ahead and move forwards to achieve positive change
A demonstration of a non-judgemental approach
Being authentic, compassionate and empathic in the relationship

It is understandable when reviewing the shared distinctions shown in table 3 and the shared characteristics of the coach, mentor, counsellor and PMA in table 4, why the novice coach/mentor/PMA can potentially deviate from the structure of the models utilised in one-to-one coaching sessions.

It is also important for the coach/mentor/PMA to have an increased awareness with regards to their client’s body language. Body cues, aid with identification of the client’s psychological stance and levels of authenticity which are normally

triggered by noticeable changes (McLeod and Thomas, 2010). These triggers can be viewed in table 3 below.

Table 5 (McLeod and Thomas, 2010. Pp 29).

Triggers for recognising body clues	Rationale
The communicated words from the client do not match the projection of energy portrayed.	This can provide clues to the client psychological state.
Repetitive movement which could be viewed as a nervous disposition.	This may be a clue that the client is struggling emotionally.
Skin pallor and muscle tone may present differently.	Possible mismatch to what is being said to what is being experienced.
Changing posture due to the feeling of uncomfortableness.	

Leadership is also a significant factor within coaching and mentoring and that of the role of the PMA. For learning and development to be successful the coach/mentor/PMA facilitates empowerment of the attendee, supporting them to consider options and reflecting on actions and thought processes (Wallbank, 2013), combined with addressing barriers to learning (Bradshaw, 2018). In particular, the transformational leadership style (Burns, 1978) creates enthusiasm, is led by example, instils vision, values and inspires the individual and workforce to meet a common goal through effective communication (Govier and Nash, 2009). The four components of transformational leadership namely, intellectual stimulation; individualised consideration; inspirational motivation and idealised influence are argued to best suit leaders from caring professions and enhance the leadership practical application within the profession (Huang *et al.*, 2016). However, Meskelis and Whittington *et al.*, (2020) additionally acknowledge that not one definitive leadership style is suitable for all situations and that the client’s personality trait must be taken into consideration.

Following recommendations of many coaching and mentoring experts, it is important to recognise that the coaching/mentoring relationship is built on respect rather than friendship (Deiorio *et al.*, 2016). This minimises the risk of client dependency and makes it easier to end the coaching/mentoring relationship

(David *et al*, 2016). This is also apparent in the role of the PMA as accessing a PMA who was not the line manager of the employee, reduced barriers and the risk of conflict of interest, enabling the employee to feel safe to express themselves (McCalmont, 2018).

Conclusion

The risk of stress, anxiety and burnout for midwives and student midwives has been exasperated further due to the complexities surrounding the global pandemic combined with the changing landscape of maternity services, resulting from the implementation of COC. Now more than ever, support offered by the PMA is a critical component to aid with the sustainability of the midwifery workforce. The additional coaching skills acquired by the author to compliment the PMA role have proved beneficial and have undoubtedly made a positive impact on those student midwives and midwives who have accessed the service.

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