
**This is the published version.**

©2015, Australian Nursing & Midwifery Federation

Reprinted by Deakin University with permission of the Australian Nursing & Midwifery Federation.

**Available from Deakin Research Online:**

[http://hdl.handle.net/10536/DRO/DU:30080406](http://hdl.handle.net/10536/DRO/DU:30080406)
Flexible learning in midwifery and nursing education

By Sara Stelfox

In undergraduate courses a challenge exists to improve both students’ access and engagement. This has been countered with the use of various technologies to best meet the needs of both professional practice preparation and students’ need for improved access and flexibility.

Midwifery and nursing students now access information online, complete teamwork activities in virtual classrooms, submit assessments online and practice clinical skills using virtual environments, in addition to more traditional face to face learning.

In 2011, students in the combined Bachelor of Nursing/ Bachelor of Midwifery at Deakin University were surveyed regarding their use of and satisfaction following the introduction of flexible education technologies. The redesign of courses to include flexible learning, was underpinned by assumptions of students’ capacity to engage and succeed within a different learning environment. Students’ ability to succeed with online learning has been extensively considered and is influenced by a number of factors including, perception of technology, learning style, previous experiences, time available and support for studies and learning motivation (Drennan et al. 2005 & Muilenburg & Berge, 2005).

Although many undergraduate students can be described by their year of birth as ‘digital natives’ and are considered to be skilled with the online world (Prensky, 2001), this study found that some students experienced difficulty with access and use of online education technologies and did not always consider that it afforded them an improved education experience.

Students self-rated their information technology (IT) confidence at lower than expected levels (35% ‘limited’ or ‘average’). Many students reported that they had never before used online educational technologies such as virtual classrooms (60%) and had limited or no experience with online lectures (55%).

Despite these challenges 60% of students reported that online education technologies allowed them more flexibility to better manage their time and incorporate study with other competing responsibilities such as paid work and family responsibilities.

These findings highlight that despite the proliferation of technologies used by students’ in their social world, their competence with educational IT and related characteristics needs to be carefully considered when designing innovative courses.

Sara Stelfox is a Lecturer in the School of Nursing and Midwifery at Deakin University

Incorporating emotional intelligence in nursing and midwifery education

By Dolores Dooley, Cate Nagle and Leah East

Emotional intelligence (EI) is defined as the ability to monitor one’s own and others’ feelings and emotions, discriminate between the positive and negative effects of emotions and use this information to guide one’s thinking and actions (Salovey & Mayer, 1990).

Emotions permeate nursing and midwifery practice, understanding one’s own emotions is the basis of understanding the emotions of others, a critical skill for healthcare professionals (Freshwater & Stickley, 2004).

Historically, the emotional aspects of clinical practice were deemed far too perilous for the nursing and midwifery student which resulted in a task orientated approach to the delivery of care (Menzies, 1960).

More recently, the attributes of EI have been deemed central to nursing practice, influencing the quality of student learning, ethical decision-making, critical thinking, leadership abilities, quality patient care and improved patient outcomes (Akerjordet & Severinsson, 2007; Patterson & Begley, 2011). Indeed, EI has been considered especially important within nursing and midwifery where developed interpersonal skills are required (Freshwater & Stickley, 2004; Patterson & Begley, 2011). Yet, Harrison and Fopma-Loy (2010, p 644) remark that “Nurse Educators often speak of preparing “safe practitioners” and “critical thinkers” but it is relatively rare to hear a conversation in which faculty speak of preparing a student who is emotionally intelligent” adding that emotions are often overlooked in nursing education.

The emotional cost of caring among student nurses and midwives grappling with managing their emotions in the clinical arena is well documented (Akerjordet & Severinsson, 2007; Harrison & Fopma-Loy, 2010). This has prompted calls for the explicit inclusion of EI within undergraduate nursing and midwifery curricula to prepare students for the complexities of their clinical roles including the social and emotional demands of clinical practice. (Freshwater & Stickley, 2004; Patterson & Begley, 2011).

While, EI cannot be considered a general panacea, the literature suggests that it could impart new ways of thinking and being for students as it considers their emotional needs and how these impact on their education and clinical practice. As the clinical environment becomes more complex, academics and educators are challenged to embed EI in curricula in meaningful ways with appropriate evaluative frameworks.

Dolores Dooley is a lecturer and Dr Leah East is a Senior Lecturer in the School of Nursing and Midwifery at Deakin University

Cate Nagle is Associate Professor in the School of Nursing and Midwifery at Deakin University and Sunshine Hospital, Women’s and Children’s Division, Western Health

References


Patterson, D & Begley, AM 2011. An exploration of the importance of emotional intelligence in midwifery. Evidence Based Midwifery. 9(2):53-60.