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## Making the transition: A focus group study which explores third year student and newly qualified midwives' perceptions and experiences of becoming a registrant midwife

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### ABSTRACT

**Objective:** to explore the perceptions and experiences of becoming a newly qualified midwifery practitioner.

**Design:** focus group methodology.

**Setting:** NHS Trust in South East of England.

**Participants:** 8 newly qualified midwives (NQM's) and 8 third year student midwives participated in the focus groups.

**Findings:** Some of the participants raised concerns about the emotional challenge of making the transition from senior student to newly qualified midwife, including the impact of their own and others' expectations and the support that was available to them. The participants felt that the process of moving from student midwife to newly qualified midwife presented opportunities and challenges. Whilst the participants had looked or were looking forward to becoming a midwife, they also recognised that this process had the potential to be stressful.

**Key Conclusion:** Both the newly qualified midwives and senior students who participated in the study identified that having effective support from more senior staff and from peers would enable newly qualified midwives to have increased confidence when providing quality care to pregnant women.

**Implications for Practice:** Effective support strategies need to be developed in order to support the transition from student to newly qualified midwife.

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### Introduction

The transition period from third year student midwife to newly qualified midwife (NQM) can be a time of both satisfaction and happiness as well as stress and anxiety (Park et al., 2011). Within the literature there has been a focus on the competence of the new registrant (Hughes and Fraser, 2011) which is mirrored in the recent Nursing and Midwifery Council (NMC) (2020) guidance on preceptorship programmes which discusses aspects such as accountability, and safe practice in accordance with the Code (NMC, 2018). Equally the majority of studies which have investigated the experience of the newly qualified nurse identify that disenchantment with the role combined with stress has the potential to negatively influence the quality of care (Beaumont et al., 2016;

Maben et al., 2007), which Kumaran and Carney (2014) suggest, in the context of midwifery, may impact on the provision of care to the pregnant woman. Iwin et al. (2018) identified that preceptorship does influence confidence and competence. Previous studies have examined the transition from the perspective of the NQM (Mason and Davies, 2013; Kensington et al., 2016) and explored the role of preceptorship in the acquisition of skills and competence. Whilst this is a significant aspect of the progression from student to NQM, it does not present the broader story in terms of the perceptions and experiences of those making this professional journey. This study employed focus group methods. It explored the opinions and experiences of newly qualified midwives and final year student midwives who had either made, or who were about to make, the transitional journey from student to registered midwife.

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## Methodology

The study was designed to explore the transitional journey from student midwife to NQM. The study employed focus group methodology which permitted the researchers the opportunity to observe how the participants interacted when discussing their views and opinions (Liamputtong, 2012). This method of enquiry enables small groups of people to be studied who provide insider views on the phenomenon under investigation (Blumer, 1969). In this study a phenomenological or “lived experience” approach was used since it would allow an exploration and understanding of the opinions of student midwives and NQM’s as they transitioned from student to midwifery practitioner. Bryman (2015) suggests that examining the “lived experience” of the participants enables the emergence of unanticipated insights within the collected data.

Within the current study the researchers were able to witness the participant exchanges which were captured via the audio transcripts and field notes. This led to an appreciation of the social construction of meaning in relation to the event being studied which Denzin (1989) describes as “interpretive interactionism”. As such, the members of the focus group contributed to a dialogue which was self-directed (Holstein and Gubrium, 1995). Wilkinson (2004) suggests that human experience is assembled and understood as a result of contact with others. In the focus group conversations participants brought their unique encounters to the meeting and attempted to derive understanding of them together collectively (Wilkinson, 2004). As a result, we were able to observe the co-construction of meaning for the participants within the focus group. The utilisation of focus group methodology in this study provided a technique to enhance our insight as researchers of the subjective significance that the participants ascribed to their actions and environments (Flick, 2006). This was considered important as the study aimed to hear the voice of the participants within the focus group, so that a nuanced appreciation of the journey from student to NQM could be developed.

## Participants

In this study three focus groups were conducted as the research question was centred on the experiences of student midwives and NQM’s within one specific maternity service setting. Each of the focus groups contained between 4 and 8 participants (Cleary et al., 2014). Permission to access participants was provided by the hospital where the NQM’s were employed and from the University where the students were registered. The participants were recruited by sending an invitation email which included an introductory letter and participant information sheet to the potential participants. The introductory letter and participant information sheet contained information about the study and contact details of the researchers for individuals who wished to participate in the research. To collect rich data we designed the recruitment process with the intent of accessing an appropriate number of NQM’s and 3rd year student midwives. In total 20 NQM’S and 20 3rd year student midwives were sent an invitation email to participate in the study. The selection criteria for potential participants is represented in Table 1 below.

This process helped to ensure that the sample was representative of student midwives in the 3rd year of their education programme and NQM’s. As a result of this recruitment process eight NQM’s and eight 3rd year student midwives volunteered to participate in the focus groups.

## Data collection

The use of focus groups as a method of data collection was employed in this study as it permitted the participants the opportu-

nity to explore the topic of the transitional journey from student to NQM within a focused discussion (Bryman, 2015). The focus group discussions took place in a quiet, private location, familiar to the participants and were audio-recorded and transcribed verbatim with the permission of the participants. Bryman (2015) states that audio-recording and transcribing of the focus group conversations allows the researcher to follow the flow of the dialogue and the subtle way in which language is used and is therefore an important aspect of the focus group method of data collection. In the focus group the 16 participants were able to interact with each other which consequently allowed them to question and challenge each other about the reasons for holding particular opinions. This led to participants listening to and agreeing or modifying their own views which would not have been possible in individual interviews. This enabled the generation of rich data in terms of addressing the aim of the research (Bryman, 2015).

Before commencing the data collection, the participants were informed that the focus group discussion would typically take between sixty to ninety minutes to complete. This time frame was used so that the discussion would remain interesting and thought provoking for the participants but not arduous (Liamputtong, 2012). Krueger (1994) maintains that resources such as time affect the quality of focus groups and that the group moderator needs to be skilful so that appropriate data can be collected using effective questions. In the current study there were two moderators, one of whom had previously conducted research using focus group methods and was therefore able to competently enable in depth discussions and therefore was able to establish a permissive environment, thereby capturing all the participants’ voices (Krueger, 1998). The questions that were asked by the first moderator were part of a topic template that was devised prior to the focus groups taking place (Table 2). Employing this strategy enabled a fluid discussion where all the participants were able to take part in and digress from the topic guide as appropriate, this in turn aided the generation of new and unanticipated insights (Bryman, 2015). The role of the second moderator was to observe the interactions of the group and take field notes of the participants responses which added to the overall data collection (Willis et al., 2009).

## Data analysis

The data analysis was a systematic process as advocated by Krueger (1998) and started soon after the focus groups were completed (Silverman, 2019). The transcribed data was read through carefully and the responses were coded and categorised to determine the main ideas that emerged from the responses. In this study thematic analysis was used and therefore coding was an important part of this process as it permits the researchers the ability to deconstruct and find the links between the data and thus identify the themes in the data (Liamputtong, 2012).

The data analysis process did not employ the use of a computer-assisted qualitative data analysis software package and was completed by hand, thereby enabling the researchers to fully immerse and engage with the data (Fielding and Lee 1995) and understand any subtle nuances it contained. Once the data had been coded themes were organised across each transcript, these were then validated against the original transcript and the themes condensed into two conceptual themes, thereby producing a synthesised interpretation of the participants perceptions. Smithson (2008) maintains that the themes that are generated within the data are an essential aspect of the analytical process as it can facilitate the disclosure of the interactive nature of the focus group discussion. This in turn may verify or test the individual’s views and opinions (Warr, 2005) and produce a more nuanced understanding of the data.

**Table 1**  
Focus Group Selection Criteria.

Inclusion Criteria	Exclusion Criteria
3RD year student midwives in final year of midwifery education programme	Students not in final year of final year midwifery education programme
3rd year student midwives in final 6 months of midwifery education programme	Students not in final 6 months of midwifery education programme
3rd year student midwives intending to register and work as a midwife following successful completion of their midwifery education programme	3rd year student midwives not intending to register and work as a midwife following successful completion of their midwifery education programme
Newly qualified midwife who had been practising for no more than 12 months following registration with the Nursing and Midwifery Council (NMC)	Midwives who have been qualified and registered with the NMC for longer than 12 months following successful completion of the midwifery education programme

**Table 2**  
Focus Group Topic Template.

Focus Group Guide - Students	Focus Group Guide - Staff
<b>Loose schedule of questions to start the focus group discussion</b>	<b>Loose schedule of questions to start the focus group discussion</b>
<i>The Grand Tour Question</i>	<i>The Grand Tour Question</i>
<ul style="list-style-type: none"> <li>• What are your expectations of becoming newly qualified?</li> </ul>	<ul style="list-style-type: none"> <li>• What were your expectations and what have your experiences been?</li> </ul>
<i>Recursive questions</i>	<i>Recursive questions</i>
<ul style="list-style-type: none"> <li>• How does what your describing relate to your expectations?</li> </ul>	<ul style="list-style-type: none"> <li>• How does what your describing relate to your expectations?</li> <li>• Can you give an example of such experiences?</li> </ul>
<i>Open ended questions</i>	<i>Open ended questions</i>
<ul style="list-style-type: none"> <li>• What do you think will help you during the initial period of being an NQM?</li> <li>• What support do you think you would need?</li> </ul>	<ul style="list-style-type: none"> <li>• What has helped you during the initial period of being an NQM?</li> <li>• What support do you think would have helped you even more?</li> </ul>
<i>Summary question – after a brief oral summary</i>	<i>Summary question – after a brief oral summary</i>
<ul style="list-style-type: none"> <li>• Is this an adequate summary?</li> </ul>	<ul style="list-style-type: none"> <li>• Is this an adequate summary?</li> </ul>
<i>Final Question – after reviewing the purpose of the study then ask</i>	<i>Final Question – after reviewing the purpose of the study then ask</i>
<ul style="list-style-type: none"> <li>• Have we missed anything?</li> </ul>	<ul style="list-style-type: none"> <li>• Have we missed anything?</li> </ul>

*Ethical considerations*

The study was approved by the Faculty Research Ethics panel within the University in which the Researchers are employed. It was also given approval from the local NHS Trust where the NQM participants were drawn from, prior to the start of the study (National Health Service Research Authority (NHSRA) (2017)). An ethical concern was the issue that some of the participants were student midwives, and the researchers were midwifery academics teaching on the student’s midwifery education programme. This had the potential to create a power imbalance between the researchers and participants, and therefore needed to be considered prior to conducting the research process (Karnieli-Miller et al., 2009). All participant data from the focus groups was anonymised and pseudonyms allocated to participants when quotes are included in the reported findings. All data from the study was stored in accordance with the Data Protection Act 2018 and General Data Protection Regulations.

*Findings*

The data from the focus group discussions was compared and categorised (Hennink et al., 2011). This assisted the identification and development of two key themes which were **Theme 1: Becoming a Midwife: Expectations of Self and Others;** **Theme 2: Diverse**

**Support Practices.** These themes will be put forward in the following section and are illustrated with quotations from participants.

**Theme 1. Becoming a Midwife: Expectations of Self and Others**

Within the data participants highlighted the challenges and opportunities of providing care to women as a registered midwife following successful completion of the midwifery education programme. For some participants this was a period of celebration and commented:

“everyone’s like... “Wow look how far we’ve come” (Choe, Year 3 Student Midwife (Yr. 3 SM)).

“I was excited and terrified at the same time” (Donna, Yr. 3 SM).

For other participants, the move from student to NQM generated a variety of emotions including uncertainty, anxiety and fear and stated:

“I feel really nervous... and don’t think I’m going to cope...” (El-lie, Yr. 3 SM).

“It’s scary in a way, like in a positive way because it’s a lot of responsibility” (Debbie, Yr. 3 SM).

Participants who were in Debbie’s (Yr. 3 SM) focus group and some of the NQM’s concurred with this last comment and ac-

knowledged the expectations they placed on themselves. For NQM participants the discussion of expectations centred on how it felt to be a NQM and the need to be competent:

“I think you’re desperate to be as adequate and as experienced as your colleagues.....for example, the experienced band 6 [a midwife who had been qualified longer than 1 year], you want to be on their level, but you realise you can’t..... that you’re nowhere near that and I think it’s that process of accepting it and strategizing...” (Georgia, NQM).

“*You do beat yourself up a bit, don’t you*” (Claire, NQM), this dialogue was followed by murmurs of agreement from the whole group.

This discussion reflects the thoughts and observations that both SM’s and NQM’s have in terms of becoming an autonomous midwifery practitioner. In this study two sub-themes emerged in the context of becoming a midwife; these were expectations of self and expectations of others.

### *Expectations of self*

In the data, both NQM and SM participants reflected on how it felt or would feel to be newly qualified:

“I thought it was going to be similar to what I was doing as a senior student...but on your own a little bit....” (Bethan, NQM).

“You expect yourself to know everything now you’re newly qualified...and it takes a while to realise that you don’t...” (June, NQM).

For SM participants this expectation was articulated as a burden:

“You want to be the best of the best....I probably put too much pressure on myself....I just need to have confidence and take a deep breath....and I’ll be alright....but then every once in a while I have a little panic....” (Belinda, Yr. 3 SM).

Others in the group murmured their agreement with this comment.

Here, there was recognition that this anticipation of what it would be like being newly qualified was a broad shared concern. This expectation appeared to increase tension for the SM participants in terms of how they would perform in their new roles.

### *Expectations of others*

Another consistent theme to emerge was the expectations of others. The NQM participants had encountered the assumptions of other health care staff and the following comment is representative of these experiences:

“And they [the senior midwife] say: ‘oh you can do that’ and I’d say I haven’t done that...and they (the senior midwife) would say ‘oh you’ll be fine’...and I’d think I really feel I need support with that procedure” (Susan, NQM).

For the SM participants, the imagined perceptions of the other clinical staff that the participants as NQM would be working with was apparent. This was demonstrated in the following participant comments:

“And then suddenly you’re qualified, and I am worried about the expectations the midwives have for us as newly qualified [midwives]...” (Belinda, Yr. 3 SM).

“I think are they going to perceive me as: well, you’re newly qualified and you need to be able to do this, and I think I shouldn’t have to take on the mantle of their expectations

and it’s about how I say: actually, that’s your expectation, not mine...” (Donna, Yr. 3 SM).

Another participant Elizabeth, (Yr. 3 SM) developed this discussion and stated:

“As a student you have a security blanket and allowances are made...you can ask for help and support...if I don’t know what to do I’m just going to say.....if their expectations of me are higher, so be it.....it wouldn’t be safe practice not to ask for help...whatever their expectations are ...”.

Here, the participants were concerned about these perceived expectations and the impact that these might have on the participants ability to carry out the role of the NQM. Other participants were apprehensive about being employed within the NHS Trust they had been on placement as they thought that this would raise expectations from within the clinical team. One participant who was representative of this discussion commented:

“The idea of working where you’re known as a student...I feel like there might be more of a level of expectation [with staff indicating] ...” You know how it works here, go and do ...” (Debbie, Yr. 3 SM).

The second major theme to emerge from the data was the concept of the different support practices. This will be presented in the following section.

## **Theme 2. Diverse Support Practices**

In the discussion the participants suggested that having support was important:

“They put me on labour ward and I felt...” Oh my...I don’t feel confident at all”... so I think even just asking ...what do you feel personally that you need?” (Susan, NQM)

“Its about approaching people and saying: Well this is what I’ve done, this is why I’ve done it....I hope that help and support is there to allow us to develop into the midwives we want to be....” (Fay, Yr. 3 SM).

Within this theme the notion of support for the participants focused on two concepts which were ‘accessible support’ and ‘peer support’.

### *Accessible support*

The NQM participants who had experience of this type of support commented:

“The support I’ve had has been amazing...I couldn’t, I can’t fault it....” (Claire, NQM)

“The majority of the midwives have been amazing...with just a couple that I don’t feel comfortable going to...they can be a bit intimidating, so I steer clear and just get on with my job...” (Cathy, NQM)

In this last comment the behaviour of others had the potential to influence whether support was accessed by the NQM.

In the SM focus group discussion, the need for support was also emphasized:

“I think that the biggest worry between being a student and being newly qualified is that you haven’t got that safety net anymore... you’re still newly qualified and going out on your own making your own decisions but you still need that support...”(Chloe, Yr. 3 SM)

Becky (Yr. 3 SM) agreed with this comment and went on to say: *“Having someone approachable and accessible that I could go to and speak to for support is really important...”*

There was a chorus of agreement when asked whether support was valuable. This was echoed in comments such as:

*“It feels like walking in the dark [not knowing what’s going to happen] .....and you hope you’re going to have support”* (Chloe, Yr. 3 SM).

When the discussion moved on to considering strategies for managing this pressure, some participants linked the ability and confidence to accessing support in practice as a NQM to their relationship with the personal academic tutor during their studies:

*“My relationship with my personal tutor...gives me confidence to talk to somebody about problems...I hope I can continue with that...and I find someone that I can have that confidence in...”* (Ellie, Yr. 3 SM).

In this discussion it was hoped that experience of accessing support as a student midwife from midwifery tutors would be replicated in the clinical setting as a NQM.

In the Yr. 3 SM discussions participants suggested that having support would assist them to develop confidence:

*“It’s really important to have someone to support us, that we can go to for emotional support more than anything...”* (Debbie, Yr. 3 SM).

There were murmurs of agreement during this part of the discussion with Elizabeth (Yr. 3 SM) noting: *“you want to build the confidence of the newly qualified midwife not beat them down”*.

#### Peer support

Peer support emerged as a concept for the NQM and Yr. 3 SM participants which had the potential to facilitate the transition from student to NQM.

One of the NQM participants who was representative of this commented:

*“You could have a band 5 forum...just to sit and chat...and talk together about how we’re feeling would help...”* (Lilly, NQM).

This concept was explored by Yr. 3 SM participants who recognised that their experience of being part of a community as a student provided support that they were keen to continue as an NQM:

*“[having peer support] should be part of the support process.... an opportunity for us to feel like our concerns are being listened too...Its not just us talking amongst ourselves...”* (Fay Yr. 3 SM).

*“We’re really good as a support network for each other... and losing that is one of the anxieties I have because you don’t know who you might end up working with.....Its building that new safety net of friends and colleagues again...”* (Becky, Yr. 3 SM).

Murmurs of agreement followed this statement.

Donna (Yr3. SM) suggested that confidential social media platforms might enable access to support and stated: *“we have our own little online group... to support each other....I hope we continue this..”*

This discussion demonstrates the importance that the participants attributed to peer support in their journey from student to newly qualified midwife.

## Discussion

The aim of this study was to explore the perceptions and experiences of becoming a midwife of Yr. 3 student midwives (SM) and newly qualified midwives (NQM) within a local NHS Trust and synthesising the identified themes to provide a broader understanding of the transitional journal. Within the literature [Kitson-Reynolds et al. \(2014\)](#) suggest that there is a discrepancy between the perceived role of the NQM and the daily practicalities for students and NQM’s. In the current study, it was therefore considered important to examine the beliefs of both the SM and the NQM to evaluate how the journey from SM to NQM could be effectively facilitated. [Kitson-Reynolds et al. \(2014\)](#) describes this experience of being a NQM as a “reality shock” which is unrelated to the “fairy tale” that most students envisage the role of the NQM to be. In [Kramer’s \(1974\)](#) seminal work this concept of “reality shock” was first defined as being in a situation where individuals thought they were prepared and instead found that they were not. [Kramer \(1974\)](#) argued that formal education provided students with idealistic standards that left them ill-equipped for practice. However, within the current study both the NQM and SM participants, when articulating their expectations of becoming a NQM, were cognisant of the challenges and opportunities that this transition presented and were conscious of what the role would entail. As such this awareness of the participants in this study represents the potential move away from the “fairy tale” ([Kitson-Reynolds et al., 2014](#)) towards a pragmatic realism of what becoming a midwife involves. The insights from the participants revealed that they were both excited and fearful of becoming a NQM as a consequence of their own and others’ expectations of them. For the participants, their own expectations created a burden, which they managed through reflection and self-awareness. [Hobbs \(2012\)](#) suggests that this process of reflection enables the NQM to exist within the maternity services environment and can allow a positive restructuring for NQM’s and the women in their care.

In this study the expectations of others’, particularly more senior clinical staff, on the journey from SM to NQM was acknowledged. Participants raised concerns about the impact that these expectations would have on their practice and competence. [Higgins et al. \(2010\)](#) completed a systematic review of the perceptions and experiences of newly qualified nurses and concluded that a positive environment helped to support the transition from student to registrant nurse. This is further articulated within the midwifery literature where constructive environments facilitate the transition from student to newly qualified midwife ([Hughes and Fraser, 2011](#)). Within the current study it could be argued that this supportive environment might include senior staff who need to have realistic expectations and ensure that they are approachable when practicing alongside the NQM. As such this study adds to what is known from a midwifery perspective on the importance of ensuring that a positive environment within maternity services is constructed for the NQM.

In the data from this study the concept of diverse support practices, including accessible and peer support was recognised as enabling the student when becoming a NQM. Participants discussed the role of the personal academic tutor in their student journey and the impact that it had on achieving success within their studies. [Christensen et al. \(2019\)](#) state that the provision of pastoral and academic support is integral to the development of knowledge and skills, whilst [Skirton et al. \(2012\)](#) found that the midwife tutor was key to the development of confidence in terms of preparing students for becoming a NQM. This model of support could be utilised for NQM’s where senior midwives provide ongoing facilitative mentorship for the NQM. Here the senior mentor would need to be accessible and have skills of caring and com-

passion (Department of Health, 2012) and act as a positive role model for those they are supporting, which some participants in this study identified was lacking in their experience. This would enable the early development of competence and confidence for the NQM and would counteract the impact of feelings of vulnerability which the participants discussed. Hunter and Warren (2014) suggest that this would help to build resilience which is a learned process that includes being able to access support and the acquisition of coping techniques. The provision of facilitative mentorship from senior midwives for the NQM would therefore enhance the transition from SM to NQM.

In addition to constructive support from senior midwives the concept of peer support was articulated by the participants, who indicated that during their midwifery education peer support was an important part of the learning process. In the study participants were concerned that on becoming a NQM they would lose the peer support and the benefits it provided. This is particularly pertinent given the Cull et al. (2020) study which identified the protective nature of peer support at a time when the NQM can feel overwhelmed and emotionally out of their depth. Webster et al. (2019) found that when student nurses gained post-qualification employment that there was the potential to experience stress and social isolation within the workplace, which may result in them leaving the profession. Currently within the midwifery workforce in the UK it is estimated that retention rates amongst NQM's is a growing concern which is impacted by distress and apprehension related to the new role (Cull et al., 2020). Webster et al. (2019) state that online peer support might mitigate these pressures for the nursing profession and is a strategy that could be equally effective for the NQM. Within the current study participants discussed the use of social media platforms as a method of accessing peer support which could be continued following qualification. This would provide a method of connecting with peers in a way that is both familiar and supportive.

#### Limitations of the study

This was a small qualitative study which explored the perceptions and experiences of a group of NQM's and SM's. This study may not therefore be representative of other NQM's and SMs, however it does nevertheless provide valuable insights which may inform and add to what is known about the transition from student to newly qualified midwife. Respondent validation, via member checking (Birt et al., 2016) of themes was not possible to achieve due to the difficulty in re-contacting participants who had left the local area. However, dependability was demonstrated by both researchers independently analysing the data with the same approach, thereby validating the findings (Mays and Pope, 1995).

#### Conclusion

This study which employed focus group methods to explore the perceptions and opinions of Senior Student Midwives and Newly Qualified Midwives of the transitional journey from student to registrant midwife to gain a nuanced understanding of the journey, makes an original contribution to this area of midwifery practice. Within the data the participants discussed key areas which they considered to be significant to them. These included the participants expectations and those of other more senior colleagues as well as the support that was available to them. To assist the NQM it is important that strategies which enable them to be confident and resilient members of the midwifery profession are implemented including the use of constructive mentorship by senior midwives and peer support groups which utilise social media platforms. This would ensure that the transition from student to newly qualified midwife is positive and successful.

#### Declaration of Competing Interest

None Declared.

#### CRediT authorship contribution statement

**Jacqueline Wier:** Conceptualization, Visualization, Methodology, Data curation, Supervision, Validation, Writing – original draft, Writing – review & editing. **Kay Lake:** Conceptualization, Visualization, Methodology, Data curation, Validation, Writing – original draft, Writing – review & editing, Investigation.

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#### References

- Beaumont, E., Durkin, M., Hollin-Martin, C.J., Carson, J., 2016. Compassion for others, self-compassion, quality of life and mental well-being measures and their association with compassion, fatigue and burnout in student midwives: a quantitative study. *Midwifery* 34, 239–244.
- Birt, L., Scott S Cavers, D., Campbell, C., Walter, F., 2016. Member checking: a tool to enhance trustworthiness or merely a nod to validation? *Quality Health Res.* 26 (13), 1802–1811.
- Blumer, H., 1969. *Symbolic interactionism: Perspective and Method*. University of California Press, Berkeley.
- Bryman, A., 2015. *Social Research Methods* 5th Ed. Oxford University Press, Oxford.
- Christensen, M., Medew, K., Craft, J., 2019. Nursing Tree Time: an inter-professional team approach to supporting nurse learning at a regional university campus. *Nurse Educ. Today* 80, 22–27.
- Cleary, M., Horsfall, J., Hayter, M., 2014. Data Collection and sampling in qualitative research: does size matter? *J. Adv. Nurs.* 70, 473–475.
- Cull, J., Hunter, B., Henley, J., Fenwick, J., Sidebotham, M., 2020. Overwhelmed and out of my depth": responses from early career midwives in the United Kingdom to the work, health and emotional lives of midwives study. *Women and Birth* 33 (6), e549–e557.
- Data Protection Act 2018.
- Denzin, N.K., 1989. *Interpretive Interactionism* Newbury Park, California: Sage.
- Department of Health, 2012. *Compassion in Practice: Nursing, Midwifery and Care Staff Our Vision and Strategy* London. NHS Commissioning Board.
- Flick, U., 2006. *An Introduction to Qualitative Research* 3rd Ed London: Sage.
- Hennink, M., Hutter, I., Bailey, A., 2011. *Qualitative Research Methods* London: Sage.
- Higgins, G., Spencer, R.L., Kane, R., 2010. A systematic review of the experiences and perceptions of the newly qualified nurse in the United Kingdom. *Nurse Educ. Today* 30, 499–508.
- Hobbs, J., 2012. Newly Qualified midwives' transition to qualified status and role: assimilating the 'habitus' or reshaping it? *Midwifery* 28, 391–399.
- Holstein, J.A., Gubrium, J.F., 1995. *The Active Interview* Thousand Oaks, California: Sage.
- Hughes, A.J., Fraser, D.M., 2011. Sink or Swim: the Experience of newly qualified midwives in England. *Midwifery* 27 (3), 382–386.
- Irwin, C., Bliss, J., Poole, K., 2018. Does Preceptorship improve confidence and competence in Newly Qualified Nurses: a systematic literature review. *Nurse Educ. Today* 60, 35–46.
- Karnieli-Miller, O., Strier, R., Pessach, L., 2009. Power relations in qualitative research. *Qual. Health Res.* 19 (2), 279–289.
- Kensington, M., Campbell, N., Gray, E., Dixon, L., Tumilty, E., Oairman, S., Calvert, S., Lennox, S., 2016. New Zealand's midwifery profession: embracing graduate midwives' transition to practice. *New Zealand College of Midwives J.* 52, 20–25.
- Kitson-Reynolds, E., Cluett, E., le May, A., 2014. A fairy tale midwifery- fact or fiction: the lived experiences of newly qualified midwives. *Br. J. Midwifery* 22 (9), 660–668.
- Kramer, M., 1974. *Reality Shock: Why Nurses Leave Nursing*. Mosby, London.
- Krueger, R.A., 1998. *Moderating Focus Groups*. Sage, Thousand Oaks, California.
- Kumaran, S., Carney, M., 2014. Role Transition from student nurse to staff nurse: facilitating the transition period. *Nurse Educ. Pract.* 14 (6), 605–611.
- Liamputtong, P., 2012. *Focus Group Methodology: Principles and Practice*. Sage, London.
- Maben, J., Latter, S., Clark, J.M., 2007. The sustainability of ideals, values and the nursing mandate: evidence from a longitudinal qualitative study. *Nurs. Inq.* 14 (2), 99–113.
- Mason, J., Davies, S.A., 2013. A qualitative evaluation of a preceptorship programme for midwives. *Evidence Based Midwifery* 11 (3), 94–98.
- Mays, N., Pope, C., 1995. Rigour and qualitative research. *Br. Med. J.* 320, 50–52.
- National Health Service Research Authority (NHSRA), 2017. *UK Policy Framework For Health and Social Care Research*. NHSRA, London.
- Nursing and Midwifery Council (NMC), 2020. *Principles For Preceptorship*. NMC, London.

- Nursing and Midwifery Council (NMC, 2018. *The Code: Professional Standards of Practice and Behaviour for nurses, midwives, and Nursing Associates*. NMC, London.
- Park, J.R., Wharrad, H., Barker, J., Chapple, M., 2011. The knowledge and skills of pre-registration masters' and diploma qualified nurses: a preceptor perspective. *Nurse Educ. Pract.* 11 (1), 41–46.
- Silverman, D., 2019. *Interpreting Qualitative Data*. Sage, London.
- Skirton, H., Stephen, N., Doris, F., Cooper, M., Avis, M., Fraser, D.M., 2012. Preparedness of newly qualified midwives to deliver clinical care: an evaluation of pre-registration midwifery education through an analysis of key events. *Midwifery* 28, e660–e666.
- Smithson, J., 2008. Focus Groups in Alasutari. In: Bickman, P., Brennen, J., L. (Eds.), *The Sage Handbook of Social Research Methods*. Sage, London, pp. 357–430.
- Warr, D.J., 2005. It was fun ...but we don't usually talk about these things": analysing sociable interaction in focus groups. *Qualitative Inquiry* 11 (2), 200–225.
- Webster, N., Jenkins, C., Oyeboode, J., Bentham, P., Smythe, A., 2019. Experiences of Peer Support for newly qualified nurse in a dedicated online group: study protocol. *J. Adv. Nurs.* 75, 1585–1591.
- Wilkinson, S., 2004. Focus Groups: a feminist method. In: Hesse- Biber, S.N., Yaiser, M.L. (Eds.), *Feminist Perspectives on Social Research*. Oxford University Press, Oxford, pp. 271–295.
- Willis, K., Green, J., Daly, J., Williamson, L., Bandyopadhyay, M., 2009. Perils and possibilities: achieving best evidence from focus groups in public health research. *Aust. N Z J. Public Health* 33 (2), 131–136.