Clinical teaching practices in maternal mental health nursing. An integrated review

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Systematic Review

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Abstract

Background

Clinical teaching of nursing and midwifery is critical for acquiring necessary competencies and developing confidence in students to make them ready for practice. Such competencies are especially important in midwifery practice in Malawi as there is a significant increase in maternal mental health problems in the country. Most cases are reported in the primary healthcare level maternity units where qualified nurse-midwives practise. However, reports show that maternal mental health has not been given adequate consideration and there is a huge service gap among nursing and midwifery personnel globally and in Malawi. This integrative review examined the literature on clinical teaching practices in maternal mental health to inform nursing and midwifery educators on the competencies taught in nursing colleges to improve the quality, quantity, and relevance of nursing and midwifery education.

Method

PubMed, MEDLINE, Research4life, HINARI, Google scholar, and EBSCOhost were searched using clinical teaching, clinical practices, perinatal mental health, maternal mental health, clinical skills, and clinical education as keywords. Published works from 2014 to 2022 were reviewed.

Results

Six themes emerged; core curriculum, regulation of professional standards, clinical teaching strategies, a collaboration between educators and staff, capacity building, and availability of resources.

Conclusion

Nursing and midwifery training institutions should review their curriculum to maximize student learning opportunities in maternal mental health practice by creating more clinical-based learning opportunities that meet the students’ needs and those of the public.

Background

Around the world, one out of every five women suffers from mental health issues during pregnancy or after childbirth (1). One in every ten women in high-income countries and one in every three women in low-income countries suffer from maternal mental health problems (2). In low-income countries, poverty, intimate partner violence, substance abuse, and an increased burden of diseases all contribute to a high prevalence (3, 4). It is documented that untreated maternal mental health increases the chances of obstetric and neonatal complications, suicide, mental illness, and maternal deaths (5, 6).

According to the World Health Organization (WHO) (7), one-quarter of all maternal deaths occur between six weeks and one year after birth due to mental health issues. In contrast to countries without maternal mental health services, countries with maternal mental health services, such as high-income countries, have reported fewer cases of maternal mortality rates (1). Lowering maternal mortality and morbidity rates, as well as achieving sustainable development goals three and five, demands addressing maternal mental health problems (8). Thus, it can be achieved by providing more cost-effective maternal mental health services to well-trained nurse-midwives to ensure that women receive quality care (7, 9).

Malawi has 90.3% access to skilled birth attendance; however, despite this increase in access, Malawi continues to report poor maternal mental health services (10, 11). In Malawi, a lack of well-trained mental health care providers has resulted in delayed diagnosis, treatment, and an increase in the prevalence of mental health disorders (12, 13). Howard and Khalifeh (4), argue that increasing access alone will not improve maternal mental health services, however, there is also a need to improve the competence of health care personnel. According to reports, 87% of providers in Malawi are nurse-midwife technicians (NMTs), who provide basic nursing and midwifery care while being supervised by registered nurses (10, 14). However, reports indicate that in the majority of cases, they work with little or no supervision, consequently, are unable to transfer skills (15, 16). Furthermore, huge gaps have been noted in maternal mental health, where despite high prevalence rates of mental health problems in pregnancy, midwives do not consistently screen and treat mental health problems (17). This is contrary to the responsibility of midwives which requires them to screen pregnant women for various conditions (18). Thus, providing comprehensive maternal mental health training is critical in improving maternal mental health care across the continuum.

Clinical teaching practices for nurse-midwives

Nurse educators play a critical role in the clinical teaching of nurses in preparation for practice (19). Thus, nurse educators assist students in learning by coaching, supervising, teaching, providing timely feedback, and promoting reflection (20). On the other hand, students gain skills by interacting with teachers, patients, and other students in the clinical setting (21). However, Billings and Halstead, (21) also emphasized that students gain knowledge by observing and reflecting on the work of nursing professionals. It is reported that effective clinical teaching improves students’ clinical knowledge, skills, and attitudes while also developing clinical judgment and critical thinking skills, which are both necessary for providing high-quality, safe care (23). On the other hand, studies have reported that nurse educators face challenges when teaching students. For instance, lack of teaching materials, lack of competence in clinical teaching strategies, and an influx of students, negatively affect teaching and learning (15, 24, 25). Despite students being placed in maternal-child health departments upon completion of training, there has never been a study on preregistered nurse-midwives clinical teaching, particularly in maternal mental health. This integrative review will therefore report on clinical teaching practices in maternal mental health nursing.
Methods

Whittemore and Knaff's (26) work, which has five stages namely; problem identification, literature search, data evaluation, data analysis, and presentation, guided the researchers.

Problem identification

The problem for this review came from study reports and anecdotal notes from experts who identified poor maternal mental health in Malawi as a result of midwives’ lack of skills in screening and managing women with mental health disorders (27–29). The following research questions guided the review; what maternal mental health competencies are taught in nursing schools, what clinical teaching strategies do nurse educators employ when teaching maternal mental health, and what challenges do nurse educators face when teaching maternal mental health in a clinical setting?

Literature Search

Using the keywords clinical teaching practice, clinical teaching education, perinatal mental health education or maternal mental health education, mental health education, clinical skills, and clinical education, a search of data from PubMed, MEDLINE, Research4life, HINARI, Google Scholar, and EBSCO host was conducted. Primary sources and peer-reviewed reports on clinical education practice in nursing, maternal mental health, perinatal mental health, and mental health education were included in the electronic records. A review of the literature from 2014 to 2022 was conducted and only peer-reviewed articles were examined to ensure the credibility of the studies and their findings.

Figure 1: The process of review

Data evaluation

Data evaluation was done by assessing studies’ accuracy, quality of methodologies used and their implications for nursing education. A form was extracted from the Critical Appraisal Skills programme Checklist, which was used to record the extracted information. Initially, research records were chosen based on their titles. The abstracts of selected titles and their bibliographies were examined for relevance to the research questions. Only abstracts dealing with mental health clinical teaching strategies, practices and challenges were subjected to a full-text review. Full-text records that failed to pass the appraisal process were excluded from the review process.

Data analysis

Thematic analysis was used, in which data were extracted and coded into a manageable framework, which was then presented to convert extracted data from individual sources into a display that gathers around specific variables or subgroups. Extracted data were compared item by item to ensure that comparable data was considered and grouped. A comparison method was used to conclude an ongoing method of examining data displays to facilitate the distinction of patterns, themes, variations, and relationships. Two colleagues independently went through the review to determine its reliability. Researchers’ and independent evaluators’ findings were compared, and discussions were held to reach a consensus. The six themes that emerged from the review were the core curriculum, professional regulation, clinical teaching strategies, collaboration and partnership, capacity building, and resources.

Table 1: Summary of records reviewed
Country | Title | Contribution to nursing education
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Korea | Clinical education in psychiatric mental health nursing: overcoming current challenges. | Develop core clinical practicum components, standardized tools, and teaching strategies such as structured simulations for core competencies, evaluating learning outcomes, and improving the quality of mental health clinical practicums continuously.
Turkey | Experiences of nursing students during clinical education in mental health clinic: a phenomenological study. | Before beginning clinical practice, students should be assessed and supported for cognitive and emotional readiness in addition to theoretical education. For effective classroom learning, students should be given more hours for clinical practice and patient-nurse interactive videos, roleplay, and case studies should be used.
Across Europe | Psychiatric training in perinatal mental health across Europe. | Core curricula and training standards must include enough knowledge and clinical skills to care for patients. Maternal mothers with mental health problems to ensure universal access to care during the perinatal period.
Australia | Best practice in clinical facilitation of undergraduate nursing students. | Develop well-structured accessible courses which would be the key to providing meaningful education for clinical facilitators. Clinical facilitators should be invited into the university regularly for formal and informal sharing of clinical knowledge with academic staff.
England | Perinatal mental health: preparing the future nursing workforce. | A lack of clear guidance in nursing standards for nursing students may result in a shortage of well-prepared nurses entering the workforce in the future.
South Africa | Clinical teaching practices of nurse educators at a public college of nursing in South Africa: A survey study. | Nurse educators must match their clinical teaching practices to the nursing program’s requirements to produce competent nurses. Professional development for nurse educators, such as in-person workshops, could be beneficial to clinical teaching practices,
Iran | The effectiveness of clinical teaching of mental health courses in nursing using clinical supervision and the Kirkpatrick model. | Kirkpatrick promotes clinical education discipline and provides educators with a new method to supplement traditional methods to close the gap between theory and practice. Students in mental health teaching courses will benefit from having an educational curriculum that includes the appropriate evaluation method.
Columbus | The Use of High-fidelity Simulation in Psychiatric and Mental Health Nursing Clinical Education. | Nurse educators should include well-designed simulated activities in their students’ curricula because they improve learning quality and enable learners to practise nursing safely and effectively while also ensuring high-quality nursing education. In addition, students’ judgement and reflective practices must be monitored in a more limited clinical setting with one instructor for every ten students.
Nigeria | Factors influencing Nursing Education and Teaching Methods in Nursing Institutions: A Case Study of South-West Nigeria. | Create working conditions that allow nurse educators to use student-centred teaching and learning methods to support nursing students’ learning.
Australia, | “It is much more real when it comes from them”: The role of experts by experience in the integration of mental health nursing theory and practice. | Students benefit from learning from experts who have firsthand experience. As a result, theoretical knowledge is better integrated into practical skills.
Malawi | The roles and experiences of preceptors in clinical teaching of undergraduate nursing and midwifery students in Malawi. | Registered nurses and midwives with bachelor’s degrees in nursing are ideal preceptors for clinical teaching and learning. Preceptors with more years of post-registration experience, on the other hand, were found to have lower confidence in their role performance, implying that they should be involved in CPD to help them maintain and sharpen their knowledge, skills, and attitudes.
Sweden | Working as a real nurse: nursing students’ experiences of a clinical education ward in Psychiatric Care. | Nursing students require clinical education that is planned and organized by health care and nursing training programs working together to clarify their roles and responsibilities in preparing and supporting students during their clinical education.
Theme 1: Core Curriculum

The review discovered a maternal mental health curriculum framework that educators can incorporate into nursing and midwifery curricula (30,31). On the other hand, Dias et al (32) observe the need for specific topics to be learned in the curriculum and adequate hours for theory and skill practice for students to gain competence. Furthermore, it has been revealed that the core curriculum should be aligned with midwifery performance standards to guide competency acquisition (33). Finally, the curriculum should also include methods for evaluating individual competence acquisition (34).

Theme 2: Professional regulation

The review identified the need to revise and review professional regulations to specify maternal mental health competencies in the nursing curriculum, student population, assessment tools, classroom and clinical hours, and lecturers’ competence (30,35,36). The review found that midwives lack skills because maternal mental health competencies are not well specified in standards of practice of majority of Nurses and Midwives Councils, which guide educators on how to assess students (33). Congestion in the classroom and clinical practice has also been identified as the source of incompetence in nurse and midwives (24).

Theme 3: Clinical Teaching Strategies

According to the review, innovative teaching strategies are important in the preparation of a competent health workforce (37). This is because they promote students’ engagement as active and motivated learners. The review emphasized the use of structured simulations, group discussions, case studies, role play, and experts by experience, as well as supervision, media use, and reflective practice, as practice-based strategies that improve students’ integration of theory to practice and competence acquisition in mental health (38,39). However, it should be noted that clinical teachers’ competency and the availability of teaching and learning resources pose challenges in clinical teaching practices (25,40).

Theme 4: Collaboration and partnerships
For effective clinical teaching practice, the review concluded that there should be close collaboration among faculty, clinical teachers, and students (24,41). Thus, it is possible to achieve it through regular formal and informal meetings as well as mutual academic planning (42). Apart from meetings, Luo, (40) advocates for a structured orientation programme for new clinical instructors, as well as ongoing mentorship, to foster strong collaborative relationships. Collaboration improves compliance with midwifery standards, curriculum implementation, sharing best practices, and finding solutions to midwifery practice challenges (30,49).

Theme 5: Capacity building in clinical teaching and maternal mental health

Effective clinical practice in maternal mental health necessitates that midwifery educators be well-versed in student-centred teaching methods as well as maternal mental health (43,44). According to the review, midwives educators lack confidence and teaching skills because they were not trained (44,45). As a result, continuing professional development activities must be prioritized for them to teach relevant content (37). This is because holistic and quality care requires a competent health workforce that also employs evidence-based knowledge in their practice.

Theme 6: Shortage of Resources

One of the most important aspects of effective clinical teaching practices is the availability of resources. According to the review, nursing schools and teaching hospitals are under-resourced, making it difficult to teach effectively (43,46). For example, most health care facilities and nursing schools are dealing with an increased student population in the face of a limited number of faculty, clinical practice sites, and insufficient resources to support patient care and student learning, and as a result, teaching is not carried out as recommended (24). Furthermore, staff shortages have resulted in task shifting, where lecturers are assigned to teach courses in which they were not trained, resulting in poor classroom presentation and failure of the students to understand the content well (41).

Discussion

This review shows that a maternal mental health curriculum framework exists, but it is inconsistently incorporated into the core curriculum of nursing and midwifery education across countries (18, 30, 32). The comprehensive nature of maternal mental health content has led nurses to provide holistic and quality care, thereby reducing the mental health burden (47). On the other hand, the lack of adequate maternal mental health content and the high prevalence of maternal mental health problems has made nurse-midwives feel ill-prepared for practice as a result screening and management of mental health problems are not done (27, 28). Consequently, resulting in poor nursing and midwifery care and further violates women's human rights to quality care (48). The only solution is to revise and upgrade the curricula to incorporate maternal mental health content and competence evaluation tools to enable midwives to feel adequately prepared for the health needs of the public (18, 49).

Even though the International Confederation of Midwives has developed competencies for midwives and midwifery educators, it was discovered that maternal mental health competencies are not well specified in midwifery performance standards (33). Their absence from midwifery standards has made midwives educators lack clear guidance on student competency evaluation, clinical teaching methods, and student-to-instructor ratios (33). As a result, there is no logical connection between midwifery education, regulation, and practice in inexperienced midwives (50). The rising global burden of maternal mental health disorders necessitates regular reviews of midwifery syllabi, curriculum, and performance standards to guide competence evaluation, student population, and nursing and midwifery education relevance.

Quality clinical teaching practices demand innovative student-student-centred strategies such as simulation, role play, and reflection, which aid students in connecting theory to practice, practising self-awareness, reflection, and student satisfaction (51). However, according to this study, most educators lack competency in student-centred teaching methods; as a result, students’ understanding of the content is limited, and they fail to transfer their knowledge into practice which is later regarded as poor nursing and midwifery education and practice (51). Clinical teaching practices that are of high quality require the use of innovative teaching methods to help students gain integrated skills into practice. Given this, Ndayisenga (37) suggested the need to train educators on student-centred teaching strategies to promote the acquisition of competence in mental health. Furthermore, Weldermariam, (52) also recommended the need for nurse educators to share written objectives hen teaching students to guide both students and nurse educators in the process of their learning and teaching respectively.

To achieve nursing education goals, effective clinical teaching practice in mental health demands a coordinated and collaborative approach between nursing schools and teaching staff (53). Such an approach facilitates the exchange of solutions to problems and best practices, as well as bridges the gap between theory and practice (54). However, this study revealed inconsistencies in clinical teaching practices between nurse educators and hospital staff, leaving students confused about gaining the necessary competencies. As a result, Anarado et al., (55) advocate for regular in-service training on the importance of collaboration, regular meetings, and preceptorship guidelines to build capacity on measures to collaborate effectively between nurse educators and clinical staff.

Apart from collaboration, the availability of teaching and learning resources contributes to a positive learning environment for students (56, 57). The review discovered that a lack of resources in colleges and clinical settings has hampered the acquisition of maternal mental health competence. As a result, nurse educators are not teaching as prescribed both in classrooms and clinical areas (37). Thus, increasing resources such as teaching staff and materials in skills laboratories and hospitals will make clinical teaching and learning more effective.

Strengths and limitations of the study

This review disseminates useful information to stakeholders all over the world to improve nursing and midwifery education. The study’s major limitation was that the field of maternal mental health is under-researched, making it difficult to obtain accurate data.
Implication for practice

Clinical teaching is an important aspect of nursing and midwifery education. To ensure improved health outcomes, effective collaboration between academia, students, and hospital staff is required. It is critical to note that effective nursing education will ensure that nurses are practising competency-based care. To improve evidence-based teaching and learning in maternal mental health care, more research in maternal mental health and nursing education is needed.

Conclusion

Clinical teaching strategies in low and high-income countries have been identified by the integrated review. The availability of maternal mental health competencies has been reported. Within countries, however, there are inconsistencies in curriculum implementation. In addition, the review identified student-centred strategies that improve students' ability to integrate theory and practice. It is also worth noting that, the majority of countries face similar difficulties when teaching clinical students due to a lack of resources, mental health competency, and poor collaboration between nurse educators and clinical staff. Thus, there is a need to include maternal mental health topics in the curriculum, build capacity for educators and midwives, and improve clinical teaching practices in mental health to ensure improved quality. Topics on maternal mental health in the curriculum, capacity building for educators and midwives, and increased resources for teaching and learning material are all priorities. Nursing midwifery training institutions should review their curriculum to maximize student learning opportunities in maternal mental health practice by developing more clinical-based learning opportunities that meet the needs of the students.

Abbreviations

ICM
International Confederation of Midwives
NMT
Nurse-Midwives Technicians
WHO
World Health Organization.

Declarations

Ethics Approval and Consent to participate
Not Applicable.

Consent for Publication
Not Applicable.

Availability of data and materials
The datasets used and/or analyzed during the present study are accessible from the corresponding author upon request.

Competing Interests
The authors declare that they have no competing interests.

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Authors’ Contributions
CH, TB and MB, conceptualized the study and collected and analyzed data. All the authors drafted and approved the final manuscript.

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**Figures**
Figure 1: The process of review.

The process of review.