

**EXPERIENCES OF CLASS ROOM LEARNING BY MIDWIVES TRAINED AT
KITWE SCHOOL OF MIDWIFERY, ZAMBIA**

By

Hosia Mondwa

RN, RM, BscN

**A Dissertation submitted in partial fulfilment for the requirement of the Degree of
Master of Science in Nursing at the University of Zambia**

The University of Zambia

June 2017

COPYRIGHT

All rights reserved; no part of this dissertation may be produced, stored in a retrieval system or transmitted in any form or by other means, electronic, mechanical, photocopy or recording without prior consent of the author

© 2016 **Mondiwa Hosia**

DECLARATION

By submitting a copy of this dissertation I declare that I am the author of this dissertation and the information contained therein is originally my own. I also declare that I have not submitted this dissertation to the University of Zambia or any other University before for the purpose of obtaining any qualification.

Candidate's Name

Signature.....Date.....

CERTIFICATE OF COMPLETION OF DISSERTATION

I, -----, having supervised and read through this dissertation, am satisfied that this is the original work of the Candidate under whose name it is presented. I also confirm that the work has been completed satisfactorily and approve this dissertation for final submission.

Supervisors' Name

Supervisor's Signature.....Date.....

Head of Department, Nursing Sciences, School of Medicine, University of Zambia

Name

Signature.....Date.....

CERTIFICATE OF APPROVAL

The University of Zambia approves this Dissertation by **Mondiwa Hosia**, in partial fulfilment of the requirements for the award of a Master of Science Degree in Nursing, at the University of Zambia.

Examiner I

Name:

Signature.....Date.....

Examiner II

Name:

Signature.....Date.....

Examiner III

Name:

Signature.....Date.....

ABSTRACT

The performance of midwifery students at the progression examination at Kitwe School of Midwifery was low during the period between 2012 and 2015. This is despite the school producing some of the best results at the final General Nursing Council (GNC) Examinations.

The main objective of this study was to explore experiences of classroom learning by midwives of their classroom learning at Kitwe School of Midwifery. A qualitative study using a phenomenological descriptive design was employed. The research setting comprised five (5) health care facilities in Kitwe district and the study population was midwives that had graduated from Kitwe School of Midwifery between 2010 and 2015. Participants were purposively selected, data were collected through in-depth interviews and Focus Group Discussions (FDGs) and content analysis was used to analyse data.

Five major themes emerged from the study and these include; staff attitudes, heavy curricular content, limited time for classroom learning, inappropriate teaching methods and staffing levels. Findings of the study revealed that, while some participants expressed gratitude for the support rendered by some of the teaching staff, they generally expressed concern with staff attitudes, indicated that the curriculum content was too heavy, classroom learning time was limited and teaching methods were inappropriate. Participants also expressed disapproval of the classroom learning environment and some described it as unsupportive of their academic aspirations.

The teacher-learner relationship should be improved in order to facilitate students' learning. A review of the duration of midwifery curriculum should be done in order to harmonise the content and the time allocated to cover particular content. This will reduce stress among learners and improve the quality of teaching and learning.

Innovative teaching methods (such as problem-based learning, which are student-focused) should be embraced in order to improve students' participation in their academic aspirations. Visual aids should be made available and appropriately applied during classroom learning to enhance students' understanding of content.

Key words: Classroom learning experience, graduate midwives, curriculum.

DEDICATION

To all the Kitwe School of Midwifery graduates who worked tirelessly during their training and continue to work as midwives to ensure the provision of quality care.

ACKNOWLEDGEMENT

I thank God for making it possible for me to undertake this study. Secondly, I wish to convey my sincere gratitude to; my wife and children; Fungai, Tumiri, Fadzai and Munyaradzi as well as my nieces Tambudzai and Senzeni for their emotional support. I also wish to thank the Ministry of Health, Kitwe Central Hospital and the Kitwe School of Nursing and midwifery management for permitting me to undertake my masters program. Finally, my gratitude goes to my supervisors; Dr. M Makukula, Ms. C Muleya, Dr. C Ngoma for their relentless support and guidance, the former Kitwe School of Midwifery students who participated in the study and my classmates for supporting me in various ways during the study.

LIST OF ACRONYMS

ESU:	European Students' Union
GNC:	General Nursing Council of Zambia
ICM:	International Council for Midwives
ICN:	International Council for Nurses
KSM:	Kitwe School of Midwifery
MoH:	Ministry of Health
NMC:	Nursing and Midwifery Council
UD:	University of Durban
WHO:	World Health Organization

TABLE OF CONTENTS

COPYRIGHT	i
DECLARATION	ii
CERTIFICATE OF COMPLETION OF DISSERTATION	iii
CERTIFICATE OF APPROVAL	iv
ABSTRACT	v
DEDICATION	vi
ACKNOWLEDGEMENT	vii
LIST OF ACRONYMS	viii
APPENDICES	xiii
CHAPTER ONE: BACKGROUND	1
1.1 Introduction.....	1
1.2 statement of the problem	5
1.3 Significance of the study	6
1.4 Research question.....	6
1.5 Research Objectives	6
1.5.1 General objective.....	6
1.5.2 Specific objectives.....	7
1.6 Operational definitions	7
CHAPTER TWO: LITERATURE REVIEW	8
2.1 Introduction.....	8
2.2 Experiences of midwifery students of their classroom learning.....	8
2.2.1 Teaching methods	8
2.2.2 Quality of Teaching.....	10
2.2.3 Curriculum Content.....	10

2.3.4 Staffing Levels.....	11
2.3.5 Staff Attitudes.....	12
2.3 Conclusion.....	13
CHAPTER THREE: RESEARCH METHODOLOGY.....	14
3.1 Introduction.....	14
3.2 Research Design.....	14
3.3 Research Setting.....	14
3.4 Study Population.....	14
3.4.1 Target Population.....	15
3.4.2 Accessible Population.....	15
3.5 Sampling Method.....	15
3.5.1 Inclusion criteria.....	15
3.5.2 Exclusion criteria.....	15
3.6 Sample Size.....	15
3.7 Data collection instrument/tool.....	15
3.7.1 Reliability and Trustworthiness of data collection Instrument.....	16
3.7.1.1 Credibility.....	16
3.7.1.2 Transferability.....	16
3.7.1.3 Dependability.....	16
3.7.1.4 Conformability.....	16
3.8 Data collection.....	17
3.9 Data Collection technique.....	17
3.9.1 Individual interviews.....	17
3.9.2 Focus group discussion.....	18
3.10 Data analysis.....	18
3.11 Ethical consideration.....	19

3.11.1 Autonomy	19
3.11.2 Justice	19
3.11.3 Fidelity and veracity	20
3.11.4 Confidentiality.....	20
3.11.5 Conclusion	20
CHAPTER FOUR: RESULTS	21
4.1. Data analysis and presentation of study findings.....	21
4.1.1. Demographic data of the participants.....	21
4.2.2. Categories, themes and sub-themes.....	21
4.2.3 Theme 1: Teacher related theme	21
4.2.3.1 Attitudes of Teaching Staff.....	22
4.2.3.2 Teaching methods.....	25
4.2.3.3 Staffing Levels	27
4.2.4 Theme 2: Curriculum-related theme	27
4.2.4.1 Content of the Curriculum	27
4.2.5 Theme 3: Time related theme	28
4.2.5.1 Time frame for classroom learning	28
4.2.6 Summary of findings	29
CHAPTER FIVE: DISCUSSION OF FINDINGS.....	30
5.1 Introduction.....	30
5.2 Attitudes of Teaching Staff.....	30
5.4 Limited time frame.....	32
5.6 Shortage of teaching staff	33
5.7: Implications	34
5.7.1 To midwifery.....	34

5.7.1: To midwifery practice	34
5.7.3 To midwifery Education	35
5.7.4 To midwifery research.....	35
5.8 Strengths and limitations	35
5.8.1: Strengths of the study	35
5.4.2 Limitations of the study	36
5.9 Recommendations	36
5.9.1 To the GNC.....	36
5.9.2 To Midwifery Educators.....	36
5.9.3 To Midwifery training administrators	36
5.9.4 For Further Research	37
5.10 Dissemination and utilization of findings.....	37
5.11 Conclusion	37
REFERENCES.....	39
APPENDICES	46

APPENDICES

Appendix 1: Information sheet for institutions.....	46
Appendix 2: information sheet to participants.....	48
Appendix 3: consent form for participants.....	50
Appendix 4: in-depth interview schedule.....	51

CHAPTER ONE: BACKGROUND

1.1 Introduction

This study focuses on exploring the classroom learning experiences of midwives at Kitwe school of midwifery. In this chapter, an overview of the role of midwives, highlights on historical developments of midwifery education and midwifery care are discussed. The chapter also gives an overview of how midwifery education and practice are regulated globally, regionally and at national level.

A midwife is recognised as a responsible and accountable professional who works in partnership with women to give the necessary support, care and advice during pregnancy, labour and the postpartum period, to conduct birth, and provide care to the new born and the infant (Leam and McCandlish, 2010). In this regard, midwifery education programs must be designed to prepare students to practice safely and effectively so that, on registration, they can assume full responsibility and accountability for their practice as midwives (Nurses and Midwifery Council (ICM), 2015).

In line with this goal, the main focus in education, as stated by World Health Organisation (WHO) (2012), is to ensure that the learning environment and approaches or method of teaching are supportive to learning. A conducive learning environment is necessary for developing practitioners that are able to use critical thinking and are able to professionally analyse issues, and can provide a broad intellectual interpretation of scientific information in medical practice (WHO, 2012). In other words, such an environment is likely to produce health care practitioners that are able to generate independent clinical judgement at all levels of health care.

Several measures have been identified to support a learning environment. These include; the engagement of competent teaching staff to facilitate both theoretical and clinical learning for health care education facilities and ensuring timely and regular evaluation of the activities in the education facilities. This conforms to the international guidelines which emphasises the role of learners in evaluating the quality of the education system (WHO, 2013; International Confederation for Midwives, 2013).

The few available studies on experiences of learners during learning indicate that the quality of the learning environment in some settings of the education system has not been able to meet the required standards necessary to facilitate learning (Bunoti, 2012; Gursoy, 2011; Banes, 2011; Sumariayo, 2006), and this has contributed to students' poor academic performance.

Midwifery education is essential in equipping midwives with knowledge, skills and attitudes necessary for the provision of quality care. The approach to midwifery education, however, has over the years undergone major transformation in content, method and setting or environment for teaching (Sharon, 2015).

The global transition process in midwifery education was initiated around the 16th century (Sharon, 2015; International Confederation of Midwives, 2005), and according to WHO (2009), this transition has been necessitated by the need to produce competent health care providers capable of providing quality health care services, thereby, reducing the high maternal mortality which has been associated with traditional health care practices. In order to achieve this goal, WHO sought to regulate the global healthcare staff training, including midwifery training, through the development of global standardised education curriculum for health practitioners (WHO, 2009; ICM, 2005). The developed standards/curricula would serve as a template upon which member countries would develop their own local curricula.

In Africa, transition of nursing and midwifery education from the traditional to modern form took a similar trend as in Europe and the rest of the world (Dolamo et al., 2011), and training of midwives and nurses in Africa is regulated by Nursing and Midwifery boards in conformity with global standards. In South Africa, Nigeria and Ethiopia, for example, the Nursing and Midwifery Councils took cognizance of the national policy on education in developing sound educational policies essential to the preparation of nurses who would be able to function independently or as members of the inter-disciplinary or intersectoral team (Dolamo et al., 2011). Respective councils in African countries have over the years ensured that policies, programs and activities are developed and implemented with the goal of promoting and maintaining excellence in nursing education and practice as provided by the laws and in conformity with local and international standards.

Being a member of the ICM and under the mandate of the WHO, Zambia adopted the global guidelines for training of midwives and nurses through the General Nursing Council of Zambia (GNC), (2010). According to the GNC revised curriculum for 2010, midwifery training conforms to the global standards in content and duration (GNC, 2010). The goal for standards is to establish educational criteria that assure outcomes based on evidence, promote progressive education and ensure employment of practitioners who are competent and who, by providing quality care, promote positive health outcomes in the population they serve (GNC, 2010).

According to WHO (2009) and ICM (2005), in the context of meeting these goals, and based on the knowledge and expertise of education and experts in nursing and midwifery, key areas for global standards have been identified; some of which indicates that; in order to produce nurses and midwives that meet the global standards, the training schools and environment should be one that;

- Has policy on safety and welfare of students
- Demonstrate balance between theory and practice
- Demonstrate use of recognised approaches to teaching and learning
- Conduct regular evaluation of the curricula by engaging students, clients and stakeholders
- Assess students' learning, knowledge and skill development using reliable evaluation methods
- ensures that core faculty are able to demonstrate knowledge as educators and have minimum of bachelor or graduate degree qualification

In line with the stated standards, the University of Dublin (2011), in an article on guidelines for effective teaching, assessment and supervision of students, outlined standard acceptable measures to handle teaching of healthcare education institution students. It states that, "in order to attain effective teaching, an educator should set teaching goals for each session and consider approaches that can be used to achieve such goals". It further states that "educators should aim to use a variety of approaches to stimulate and maintain students' interest". The University of Dublin (2011) further emphasises the need to facilitate learning by the provision of short breaks during sessions to maintain students' energy and effective engagement, beginning lectures with brief recaps and objectives and making the teaching sessions interactive to help maintain students' concentration during classroom learning.

Additional emphasis on guidelines for effective teaching has been made by the John Hopkins University (2015) which states that “the goal to produce medical professionals that meet the global standards depends, to a larger extent, on an environment that is free of behaviours which can undermine this goal”. In other words, both classroom and clinical learning environment must support learning.

Emphasis has been placed on the acceptable teacher’s conduct which include; treating all learners with respect, fairness and equality regardless of age, gender, race, ethnicity, nation of origin, religion and disability (John Hopkins University (JHU), 2015). Teachers are further expected to support effective learning through providing current learning materials in an effective format for learning, be on time for didactic investigational and clinical encounters, and provide timely feedback to learners on their performance (Luke, 2013).

However, it has been noted that teachers may have inappropriate conduct that may compromise learning. Some of these include; behaviours such as; unwanted physical contact, sexual harassment, loss of personal civility such as; shouting, personal attacks or insults and display of temper (JHU, 2015). Others include discrimination of students, requesting learners to perform inappropriate errands or grading and evaluating students on matters or factors unrelated to performance, effort or level of achievement.

In conforming to the global standards, the GNC has also developed the Professional Regulatory Framework which provides guidelines on the standard design of the nursing and midwifery training programmes in line with the WHO guidelines (GNC, 2011). The guidelines ensure that training institutions prepare graduates that respond to clients’ health needs. The regulatory framework emphasises adherence to the Nurses and Midwifery training duration of learning experience, courses, units and lesson plans and evaluation system, which should be designed to conform to the stipulated global standards (GNC, 2011).

However, despite the measures put in place to regulate training in healthcare education, literature reveals that the sector has been experiencing some challenges regarding students’ learning experiences globally (Ayo, 2006; Miller, 2010; Barnes, 2011). These challenges include; staff attitudes towards learners, limited time allocated to assimilate content, high work load associated with learning, inadequate time to assimilate content and incompetence among some of the midwifery educators (Ayo, 2006; Miller, 2010; Barnes, 2011).

On time allocation, for instance, while the WHO and the ICM standards states that the duration for the postgraduate midwifery training should be 18 months (ICM, 2009), in Zambia the same curriculum content is covered within 12 months of midwifery training.

1.2 statement of the problem

Despite Kitwe School of Midwifery being among the Midwifery schools with outstanding students' performance at the final qualifying examinations since it opened in 2005, the pass rate during the progression examinations between 2012 and 2015 progressively declined. Table number one (1) below shows a summary of students' performance during the introductory progression examinations over a period of ten years

Table No. 1: Summary of Introductory Examination Results for Kitwe Midwifery School

YEAR	NUMBER OF STUDENTS	PASS	PASS RATE	
2005	15	12	80%	Average pass rate 79%
2006	15	12	80%	
2007	27	7	26%	
2008	31	28	90%	
2009	32	29	91%	
2010	29	25	86%	
2011	58	57	98%	Average pass rate 70%
2012	53	40	75%	
2013	50	36	72%	
2014	49	33	67%	
2015	43	29	67%	

Source: Kitwe School of Midwifery Nominal Book 2006-2015

As reflected in the table, the average pass rate shows a decline from as high as 80% between 2005 and 2011 to 70% between 2012 and 2015. Besides the unsatisfactory academic performance by students, there has been discontent among students concerning their learning experiences (Kitwe School of Midwifery, 2010). According to the school's 2010 students' end of training course evaluation report, students had problems and concerns regarding their

classroom learning. It is probable that these concerns could be contributing to students' academic under-performance at their progression examination. Negative experiences during learning may negatively affect students' academic performance, hence their poor professional competences. This will result in failure to provide quality health care service to the public, hence; increase maternal and infant mortality and morbidity. The study therefore aims at exploring experiences of midwives of their classroom learning at Kitwe school of midwifery.

1.3 Significance of the study

Learners' experiences determine to a large extent their ability to attain their cognitive, affective and psychomotor skills. Not much is known about experiences of learners during their learning, particularly experiences of midwives during their classroom learning. The closest studies in this area are one by Mabuda (2008) on student nurses' experiences during clinical practice in South Africa and the other by Barnes (2010) who studied on undergraduate midwifery students concerning their training. Furthermore, findings from these studies inclined more towards curriculum content, students' guidance and time limitation, while in this study, aspects of teacher/students' relationships were very prominent.

This study aided in exploring the lived experiences of midwives of their classroom learning at Kitwe School of Midwifery and in-turn helped to determine the influence of these experiences on students' academic performance during their progression examinations. This information will help influence policy makers in establishing an environment that is positive and supportive of students' classroom learning. A positive learning experience will facilitate the graduation of a competent and skilful work-force that is capable of providing quality health care service to the public, hence; reduce maternal and infant mortality and morbidity.

1.4 Research question

What are the classroom learning experiences of midwives?

1.5 Research Objectives

1.5.1 General objective

To explore the experiences of the midwives of their classroom learning at Kitwe School of Midwifery on the Copper belt Province of Zambia.

1.5.2 Specific objectives

- To assess the needs and expectations of students of their classroom learning
- To determine challenges faced by midwifery students during their classroom learning

1.6 Operational definitions

1.6.1 Experiences

In this study the term ‘experiences’ was used to denote personal classroom encounters or observations of individual midwives during their midwifery training at Kitwe School of Midwifery.

1.6.2 Faculty

In this context the term faculty was used interchangeably with the terms lecturer and teacher to mean an individual trained to professionally disseminate knowledge to learners in a classroom and is in possession of at least a degree

1.6.2 Midwifery school

This was used to refer to an education facility offering registered midwifery education.

1.6.3 Classroom Learning

In this study this term means the process by which students have access to acquiring theoretical concepts collectively in an organised setting or environment.

1.6.4 Learner

The term learner was used interchangeably with the term student to mean any individual enrolled in an education facility to acquire knowledge and skills in a particular field

1.6.5 Students midwives

In this study, student midwives are learners pursuing registered midwifery training

CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

Chapter two presents a discussion of the relevant literature that was reviewed regarding the topic of study. The purpose of reviewing literature was to take a broad exploration of available information pertaining to the topic under study in order to identify existing gaps, justify the study and also to avoid duplication of the study (Wood et al., 2006). The review focused on evaluating existing studies and articles relating to the experiences of students of their classroom learning carried out globally.

2.2 Experiences of midwifery students of their classroom learning

Variations in students' experiences during their learning have been reported globally. Concerns by students have revolved around a set of themes bordering the quality of teaching in the classroom situation, the content of the curriculum, staffing levels and staff attitudes (Bunoti, 2012; Barnes, 2011). Studies have revealed some variations in the narrations by students concerning their experiences of some of the factors that influence classroom learning. Ayo (2006) and Banes (2011), in separate studies discovered that while some students expressed satisfaction with their learning experiences, the majority expressed concern over the academic work load and limited time to assimilate content, poor staff attitudes and staff performance. Additionally, learners also expressed displeasure over inadequate support offered by teachers on academic matters, inappropriate teaching and evaluation methods and staff shortage. These factors are discussed in detail in the following sections.

2.2.1 Teaching methods

Current preference on teaching methods has been more inclined towards innovative and activity-based modern teaching methods which are said to encourage students to learn real life problems based on knowledge and keeps the interest and understanding of the students at its highest level (Khurshid and Ansari, 2012). Further, the authors state that "in today's era of science and technology there is need to improve quality of education by bringing fundamental changes in the education system through application of innovative teaching techniques". It is through these techniques that teachers can provide student centred learning

environment that can make the learning process interesting (European Students' Union, 2010). This in turn enhances retention and application of knowledge.

However, certain teaching methods that are traditional do not promote student-centered learning. According to Khurshid and Ansari (2012), a typical classroom environment from the course teacher accompanied by a lecture is inappropriate as it does not promote learners to participate and does not build the required involvement level of the students. Similarly, inappropriate teaching methods have been cited among some of the major students' concerns (Banes, 2011; Bunoti, 2012). A study done by Banes (2011) on perceptions and experiences of undergraduate midwifery students concerning their midwifery training at Stellenbosch University found that learners were dissatisfied with the fact that lecturers only used the lecture method in all the sessions. Students also indicated that they were dissatisfied with the lecture method, that they simply received text book content and there was minimal teacher/student interaction and students involvement (Banes, 2011)..

Other studies have reported contrary results. In a study by Miller (2010), it was found that student' preferences of teaching methods varied. The majority of students preferred the traditional direct lecture method while others advocated for a variety of methods. Using a variety of teaching methods may be beneficial as it may cater for all students (Mutlaq, 2013). Similarly, ICM (2012) recommends the application of multiple teaching techniques in order to ensure effective learning. This practice is echoed in an article on guidelines for effective teaching, assessment and supervision of students, by the University of Dublin (2011). In this article, it is stated that "in order to attain effective teaching, an educator should aim to use a variety of teaching approaches to stimulate and maintain students' interest".

Although the view on the application of a combination of both the traditional and modern innovative teaching approaches still holds ground, there has been a gradual strong inclination towards embracing modern innovative teaching techniques (Khurshid and Ansari, 2012). Innovative teaching is one of the parameters which promote learner-centred approaches in education (European Students' Union, 2010). It promotes teaching methods which lead to learning and is primarily geared towards enhancing students' critical thinking and groom them to become independent lifelong learners (ESU, 2010). The facilitators of innovative teaching include; team learning, problem-based learning and student self-regulated learning (ESU, 2010). These approaches make students' to be responsible for their own learning and learn through interacting with each other as well as provide students' an opportunity to apply

the knowledge gained early during the course of their learning and not merely at examination time (ESU, 2010).

2.2.2 Quality of Teaching

Quality teaching is the use of pedagogical techniques to produce learning outcomes for students (Henard et al., 2012). It has long been recognised that teacher quality is the single most important factor in influencing students' engagement and achievement (Hammond, 2011). Quality teaching in higher education can be fostered by engaging teachers that are proficient in their field of teaching (Henard, 2012). Effective teaching may, therefore, be compromised by factors such as low professional and educational qualifications of teachers and shortage of teaching staff (Ayo, 2006).

Other studies conducted on the learning experiences of students in various health care education institutions have equally highlighted concerns that are attributed to the low education qualifications among some teachers (Banes, 2011; Bunoti, 2012). In a study conducted in Kampala, Uganda on the quality of higher education in developing countries, students felt that, while some lecturers did their best in their work, others lacked both theoretical knowledge and practical skills to effectively facilitate the development of high order critical thinking in students (Bunoti, 2012). Such deficiencies were attributed to low academic qualifications among teachers with very few at PhD level. Other concerns related to lecturers' failure to explain the content adequately but simply read from the books while students spent the whole day listening (Barnes, 2011; Bunoti, 2012). Some teachers asked students to photocopy articles in the text books or simply stayed away from classroom sessions. These practices do not conform to the standards of teaching and to facilitate learning, teachers should provide current materials in an effective format for learning, be on time for didactic investigational and clinical encounters, and provide timely feedback to students (John Hopkins University, 2015).

2.2.3 Curriculum Content

An effective education system is partly affected by the effective design of a curriculum and content as it defines a general overall plan of the content that the school should offer the student (Henard, 2012). As further argued by Henard (2012), the content of a curriculum should be aligned with the programme objectives, the needs of the learner and other stakeholders, and should also match with the duration of training.

However, studies on students' learning experiences have revealed concerns regarding the discrepancy in the content and time assigned for particular content (Banes, 2011; Bunoti, 2012). In the two studies students perceived the curriculum as being content-heavy and proposed extension of class time. Worse still, the curriculum was also perceived as containing some content not intended for midwives but doctors and others (Banes, 2011).

Heavy content has been blamed for students' failure to cope or understand the subject matter it has been identified as one factor that induces stress among students (Gursoy, 2011; Royal College of Midwifery, 2015). In a study by the Royal College of Midwifery on stress among student midwives, one student stated that *"being a midwife should be an enjoyable and challenging experience where we meet all people with the same interest and study the subject we are passionate about, and develop a career we love. Unfortunately, this is not always the case and can become a very stressful experience, causing some students to take long leave or stop the course completely"*. This gives an indication that student performance may be affected by the stress caused by heavy curriculum content. This may ultimately affect the quality of graduates being produced and their work in future.

2.3.4 Staffing Levels.

WHO, ICM as well as GNC have all emphasised the need for education institutions to have an appropriate number of quality teaching staff. The measure of quality of educators for a particular school has been stated in terms of faculty/students ratio, which has been set at 1:20 for classroom teaching and 1:10 for clinical supervision (WHO, 2012; GNC, 2010).

However, according to Robinson et al. (2012), the staff/students ratio has got a controversial history within the education system. A 2007 review on the relationship between the number of teachers and the quality of education delivered at Kings College in London, identified varying opinions on the faculty/students' ratios. The controversies arose from the fact that there is little evidence within the healthcare sector or indeed in higher education that has directly investigated and validated overall faculty/student ration as a measure of quality in terms of any aspect of output; educational attainment or students experience (ICM, 2013). The ICM further assert that there is no evidence for the value of these ratios independent of other quality indicators, and there are considerable differences in opinion with regard to the status, value and meaning of ratios between representatives of universities and unions.

Despite the teachers/student ratios, the challenge in the education sector has been inadequate number of teaching staff for the growing numbers of students (Ayo, 2006; Bunoti, 2012). In Kampala, Uganda students' were concerned with under supervision by lecturers mainly due to large numbers of students compared to the staffing levels. Students had no opportunity to consult their lecturers because they were inadequate for the number of students (Bunoti, 2012). There seems to be a discrepancy between the rising number of students and the almost static number of teachers and this has resulted in inadequate students' supervision and over worked staff (Ayo, 2006).

2.3.5 Staff Attitudes

The term attitude is defined by Gopal (2014) as “a relatively enduring organisation of beliefs, feelings and behavioural tendencies towards socially significant objectives, groups, events or symbols”. The teachers' attitude towards the work and their students is of great significance in ensuring training quality medical professionals that meet the global healthcare standards (John Hopkins University, 2015). Quality education depends, to a larger extent, on an environment that is free of behaviours which can undermine this goal. A teacher's attitude is measured from their ability to treat all learners with respect, fairness and equally, regardless of age, gender, race, ethnicity, nation of origin, religion and disability, ability to provide constructive suggestions to students and opportunities for improvement (John Hopkins University, 2015).

Studies have cited students' concerns pertaining to inappropriate attitudes among some teachers (Kaphagawari, 2013; Gursoy, 2011). These concerns include lack of teachers' willingness to support students in their academic attainment and inappropriate approaches by teachers. In a study on the analysis of student nurses experiences in the clinical area by Kaphagawari (2013), students' concerns bordered on poor communication by lecturers when giving feedback, and communication was mostly very negative. However, timely feedback and effective communication are key in influencing student learning and this should be one of the most critical principles of teaching (Kerns et al., 2005).

Other concerns that students have expressed regarding teacher attitudes are related to intimidation and sometimes threats of failure when introducing a programme (Banes, 2011). In a study on perceptions and experiences of undergraduate students at Stellenbosch

University, Banes (2011) noted that students were dismayed by threats of high failure rate from lecturers on their first day in school. Some participants indicated that teachers were unapproachable, did not mind whether students understood the content or not, while others taught as if they were in a hurry to finish the book. This if perpetrated can contribute to discontent among students and high failure rate. Students often prefer teachers who show empathy, avoid criticising students in the presence of others, provide support and encouragement to students and those that are open to communication (Gursoy, 2011).

2.3 Conclusion

This chapter reviewed various studies on the experiences of students of their classroom learning. Literature review on this subject mostly comprise not only studies in other parts of the world other than in Zambia but studies in non-midwifery programmes such as; General Nursing, Medicine and non-medical fields. Although most of the studies were all qualitative and mostly applied the Phenomenological method, they were mainly focused on the clinical experiences of students other than the classroom learning experience.

Literature revealed no evidence of similar studies conducted so far on experiences of Midwifery students of their classroom learning globally and non in Zambia on related subjects. This was evidence of an obvious gap in knowledge on experiences of Midwifery students of their classroom learning.

Furthermore, literature review of similar studies numerous themes were evident which include; teaching methods, quality of teaching, content of the curriculum, staffing and staff attitudes. Concerns relating to heavy content and staffing levels were more prominent in most of the studies.

CHAPTER THREE: RESEARCH METHODOLOGY

3.1 Introduction

This chapter comprises the design of the study, research setting, the study population, method of sample selection, sample size and the types of data collection tools that were used in a particular study. The chapter also includes the techniques that were deployed in data collection, ethical considerations and measures that were taken to ensure validity and reliability of the entire research process.

3.2 Research Design

The study adopted a qualitative method using descriptive phenomenological design to explore Kafle (2011), phenomenology is a qualitative method that focuses on human experiences. Kafle (2011), further describes phenomenology as a discipline that aims to focus on peoples' perceptions of the world in which they live and what it means to them.

Phenomenological method was appropriate for the purpose of this study as it enabled the researcher understand how individual students experienced their classroom learning.

3.3 Research Setting

The study setting included five health facilities in Kitwe district. These were; kitwe Central Hospital which is a third level hospital, Buchi, Chimwemwe, Ndeke and Luangwa health centres, all first level health facilities providing general health care as well as maternal and child health services. These sites were identified as study settings because participants in this study were operating from these facilities. The participants in these facilities were all midwifery graduates trained at Kitwe School of Midwifery.

3.4 Study Population

The study population comprised midwives that had completed their midwifery training at Kitwe School of Midwifery between 2010 and 2015. The group offered variations which were helpful in making comparisons of experiences of their classroom learning.

All the participants to this study attended the same training school. A total of one hundred and twenty (120) students graduated between in 2010 and 2015 from the school and were practicing midwives (Kitwe School of Midwifery Nominal Record, 2015).

3.4.1 Target Population

In this study, the target population included midwives who completed their midwifery training at Kitwe School of Midwifery between in 2010 and 2015 and were working at one of the five health facilities in Kitwe district on the Copperbelt Province.

3.4.2 Accessible Population

The accessible population included midwives who completed their midwifery training at Kitwe School of Midwifery between in 2010 and 2015 and were on duty at the time of data collection at one of the five health facilities,

3.5 Sampling Method

Purposive sampling method was used to select participants for the study. Using this method the researcher was at liberty to hand-pick study participants based on the participants' knowledge of the phenomenon under study.

3.5.1 Inclusion criteria

Midwives who had graduated from Kitwe School of Midwifery between 2010 and 2015 and were working at one of the five health facilities in Kitwe District and willing to participate in this study were included.

3.5.2 Exclusion criteria

Those that were not in good health at the time of data collection were excluded.

3.6 Sample Size

The sample size was not pre-determined but determined by the achievement of saturation during data collection. The recruitment of additional study participants was terminated once the researcher began to receive similar or the same responses about particular questions related to experiences of the respondents of their classroom learning. Saturation was achieved when a total of twenty one (21) respondents were interviewed.

3.7 Data collection instrument/tool

In-depth interviews and Focus Group Discussions (FGD) were used to collect data. Interviews and FGD were appropriate for this study because they gave participants

opportunity to fully describe their experiences. Questions for the interviews and FGD were prepared by the researcher and reviewed by the supervisor. Questions were based on the objectives of the study.

3.7.1 Reliability and Trustworthiness of data collection Instrument

The following were considered to ensure that the study findings were trustworthy.

3.7.1.1 Credibility

Credibility indicates the extent to which the researcher has established confidence that the findings are a true reflection of the participants' opinions or experiences in the context in which the study was undertaken (De Vos, 2005 in Karin, 2008). In order to ensure credibility the data was documented exactly as obtained to reflect the respondents' actual narration of their experiences. Furthermore, writing down of my own thoughts while collecting data in the field and also constantly reminding myself that I had to be objective about the data being collected helped me avoid being biased. There was no manipulation of data to suit the views and opinions of the researcher.

3.7.1.2 Transferability

Transferability refers to the degree to which the findings can be applied to other contexts (De Vos, 2005 in Karin, 2008). Findings of this study may not be transferable to another setup not only because this is a qualitative study but also that the study was on a relatively small scale.

3.7.1.3 Dependability

Dependability of the study was ensured by subjecting the analysed data to an audit where the study supervisor compared the interview transcripts developed by the researcher with the original recorded responses from participants obtained during interviews. This was done to ensure that the analysed data was as close to the true findings as possible, hence rendering it dependable enough to represent the phenomenon in the study population.

3.7.1.4 Conformability

As stated by De Vos in Karin (2008), the authenticity of study findings depends, to a large extent, on the extent to which the findings are a function of the participants' opinions and conditions of the research and not of any other biases. Conformability in this study was

achieved by ensuring that responses were reflected as stated by the respondents themselves without influence from the researchers' personal feelings and or opinions. Further enhancement of conformability was achieved by ensuring that transcribed data from the submissions by respondents, analysis and interpretations, as well as the study conclusions were made available to the supervisor and co-supervisor.

3.8 Data collection

In this study, data were collected using individual face-to-face interviews using unstructured in-depth interviews and using focus group discussions. Individual interviews were conducted from five health facilities over a period of two weeks while the focus group discussions were done over a period of two days. These were conducted from Kitwe Central Hospital.

3.9 Data Collection technique

Prior to data collection, permission was sought from the participants. This was preceded by detailed explanation of the purpose and risks of the study as well as the intended use of the study findings to the participants. The information sheets were availed to each participant to go through prior to signing consent. Participants assured of confidentiality.

During data collection the researcher applied several communications skills such as gestures and directed the discussions by use of questions and maintenance of eye contact to encourage participants to discuss.

3.9.1 Individual interviews

An interview guide was used to direct the conversations between the researcher and study participants while an audio recorder and note pad was used to record the interviews. Since respondents had to be followed in the five identified health facilities, interviews were conducted from private rooms within the setting where each respondent was located. The rooms offered enough privacy and as such minimised disruptions. The rooms were furnished and provided enough comfort for the participants and the interviewer during the interviews. To ensure privacy and make the participants feel at ease, a label was placed on the doors to the interview rooms to alert members of the public to avoid disturbances during the interviews. Participants were further calmed by starting each interview with a greeting and self-introduction of the researcher.

Each respondent was invited to the interview room where they were provided with a seat. The researcher then explained the purpose of the study and how confidentiality, autonomy and anonymity would be ensured. Thereafter, participants were availed details of the consent form and consent was obtained from each participant. During each interview, which took about 30 to 40 minutes, the researcher set off the conversations using broad questions. Additional questions were generated during the interview and each interview was recorded on an audio recorder and notes things such as gestures were written in a note book. Once the interviews were complete the interviewer thanked the respondents, asked them for any questions or concerns and reassured them of confidentiality. Thereafter, the audio recorder was secured and kept in a locked drawer for safety.

3.9.2 Focus group discussion

Two focus group discussions were conducted over a period of two days and data was obtained using an audio recorder and a note pad. Owing to the challenges faced by the researcher to bring participants in one place, nine respondents participated in the focus group discussions (five in the first and four in the second discussion). All the participants were female and had graduated from Kitwe school of midwifery over a period of time between 2010 and 2015. One participant each graduated in 2010 and 2011, two each in 2012 and 2013 and three in 2015.

Discussions were conducted from a private room at Kitwe Central hospital, with participants sitting around a table. This minimised bias due to interviewer dominance and encouraged participants' participation. Furthermore, respondents were identified by a number each and not by name to ensure anonymity. Soft drinks were provided to facilitate participants' relaxation during the discussions.

3.10 Data analysis

Data was analysed using content analysis and analysis occurred concurrently with the process of data collection. Using this method data were transcribed, organised and documented from audiotapes and note pads to get a general sense of the whole and ideas presented. Data were then placed in definable units and coded after which similar units were grouped into categories from which three primary themes and five sub-themes emerged. The researcher listened to and transcribed the audio recorder data and repeatedly read the verbatim to gain understanding and familiarity of the collected data.

Significant sentences and phrases relating to the experiences of midwifery students' classroom learning were identified during the process of studying the transcripts. Similar codes were grouped into categories in order to facilitate easy description of the emerged phenomenon and broaden its understanding. Quotation of parts or whole of the transcribed participants' responses were made in italics for easy viewing. Verification of findings was done by means of engaging 10 of the participants. Not all the participants could be reached due to migration and commitments.

3.11 Ethical consideration

Prior to data collection, the researcher secured approval to conduct the research from ERES converge IRB. Thereafter, consent was sought from the Copperbelt Provincial Medical Office, the Senior Medical Superintendent at Kitwe Central Hospital and the Provincial Health Director in Kitwe. Furthermore, the researcher ensured that written informed consent was obtained from each participant and to have the interview recorded. In addition, participants were assured that they would not suffer any intimidation or be disadvantaged by the authorities as a result of the information they would submit.

3.11.1 Autonomy

Respondents' personal identifying details were omitted and each respondent was assured that their identity would be kept away from public domain. In order to achieve full autonomy of participants the researcher ensured that individual participants were able to understand what they were asked to do in the research so that they were able to make reasoned judgement about the effects participation would have on them and make a choice (Adams, 2013).

Informed consent was used as a tool to protect autonomy. As stated by Adams (2013), informed choice involves the researcher providing the participants full disclosure about the nature of the study.

3.11.2 Justice

Respondents in this study were subjected to the same conditions in terms of the selection criteria, environment from which the interviews were conducted and questions asked as well as the duration of the interviews. They were accorded equal opportunity to seek clarifications or ask questions during the interviews.

3.11.3 Fidelity and veracity

The researcher ensured that truthful and non-deceiving information was availed to all the respondents and privacy as well as confidentiality ensured by conducting the interviews within a private environment and ensuring that the collected data was kept out of reach of unauthorized people. Numbers and not personal details or names of respondents were used for individual identification.

3.11.4 Confidentiality

In this study, confidentiality was ensured by keeping information about each respondent out of reach of any unauthorized people and ensuring that names of respondents are not written on the interview guides. Instead, identification numbers were be used to aid in distinguishing responses from each respondent.

3.11.5 Conclusion

In this chapter, a detailed and informative description of the study methodology was given. In particular, the methodology outlined the; design of the study, data collection technique that was applied and tools used for data collection, how data was analysed and ethical measures that were applied.

CHAPTER FOUR: RESULTS

4.1. Data analysis and presentation of study findings

4.1.1. Demographic data of the participants

All the twenty one (21) participants in this study were female and all were former students of Kitwe School of midwifery. At the time of training they all had practised for at least two years as registered nurses. More than half (52.4%, n=11) were married with children while 9 were single mothers and one had no child and not married at the time of enrolment to the midwifery school. The rest were single mother

At the time of data collection, all the participants were working under Ministry of Health as midwives in the five selected health facilities within Kitwe District.

4.2.2. Categories, themes and sub-themes

The findings of this study were discussed according to themes and subthemes. Selected quotes from the discussion were included in the discussion to strengthen the discussion. Below is a table showing three themes and 6 subthemes that emerged from the data analysis.

Table 3: Categories, themes and sub-themes

CATEGORY	THEMES	SUB-THEMES
Classroom experiences	Teacher related themes	<ul style="list-style-type: none">• Attitude towards learners• Methods of teaching• Staffing level (Teacher/learner ratio)
	Curriculum related themes	<ul style="list-style-type: none">• Quantity of content
	Time related themes	<ul style="list-style-type: none">• Time assigned to class room learning

4.2.3. Theme 1: Teacher related theme

This theme focused on issues relating to the teachers. Three subthemes emerged from this theme and include; attitudes of teaching staff towards students, methods of teaching and staffing.

4.2.3.1 Attitudes of Teaching Staff

The attributes to staff attitudes that emerged from the data were variant. While some participants stated that some of the teaching staff were supportive and helpful during their classroom learning others presented opposing views. Among the participants, two of the participants stated that teaching staff were supportive during their classroom learning. Respondent 5 and 8 stated; *“I liked the interaction with the tutors. Ah, I like the fact that they were concerned about each student’s progress in class and they were able to know each student personally and their academic capabilities.”* (Respondent 5)

“Some were very positive and they really helped us very well. At the end of the day we appreciate that now I am a midwife because of them” (Respondent 8)

All the participants including those that expressed positive views in some aspects of their experiences expressed a variety of negative sentiments about teachers’ attitudes. Some of the participants indicated that some of the teachers were intimidating. They stated that the atmosphere within the classroom was intimidating, resulting in their failure to express themselves. Intimidation of students by teaching staff was attributed to the approach by the teachers, whereby learners were subdued as early as the first day in the school. As stated by some participants, intimidation was through threats of failing the examinations and dismissal from school. They also stated that teaching staff constantly reminded them of the anticipated endurance due to the heavy content. According to the participants, this kind of treatment induced fear in the learners to such an extent that they could not freely express their views or opinions. They described the classroom environment as non-conducive for learning.

Two of the participants likened their entry into the midwifery school to walking into prison. They stated that the hostility from teaching staff started as early as their first day in the classroom. As a result, students’ perception of the entire program was negatively affected at the very beginning of training.

“The threat of being sent home or having to ah..like to remain for another six months. That was something like kind of threatening and that was emotionally straining.” (Respondent 5)

“I felt like I was walking into prison, for lack of a better term, if I had a better one I could have used it. I felt like I was walking in prison where I had to be told what time to wake up,

when I have to go and eat, what time to bath. It wasn't like a free environment to learn.
(Respondent 2)

Other participants described their experiences as harsh. They stated that they felt like they were bound and the atmosphere was harsh and degrading to them as adults who were married with children. They indicated that the treatment in school did not befit their personal social statuses in society and at home and that some teachers were disrespectful to students and did not regard them as adults.

*“Ooh, as a student yes, they were harsh and looking at you, you are coming from home, you are married, you are an adult and literally they degrade you to be nothing.”***(Respondent 10)**

*“I wasn't treated as a grown up student and it was more like i was still a pupil.”***(Respondent 2)**

The data further revealed that, in order to avoid being labelled, students had to humble themselves during training and avoided being perceived as competing with the teaching staff in terms of material possessions like cars or would risk being failed. Another of the participants expressed her concern over what she described as over-stepping by some teaching staff into students' personal social affairs. She indicated that some tutors interfered into students' private affairs when these had nothing to do with student's academic performance. She also disclosed that some teachers were more concerned with the students' personal appearance and not necessarily their academic performance.

*“Some tutors would get into your private life, which is not corresponding with the academic objectives that you went to school. When you are in school, you go there primarily for academic reasons and your private life should be your private life and tutors are not..ah..more like not part of your social and private life. But some tutors tend to meddle into your private life and that affects your academic performance.”***(Respondent 9)**

Furthermore, participants bemoaned the restrictions enforced on their movements even during their free time. Two of the participants said that they were not allowed to visit their homes or to attend to personal concerns at home. If they did, they would be showered with threats or receive some punishment. They also reported situations when their phones would be confiscated for months if the phone rang during a classroom session, even when it was by mistake or when the phone simply made some sound. This was described as very unfortunate because affected students would be unable to contact their family for a long time.

Favouritism by tutors was reported by six of the participants as a common phenomenon during classroom learning. Participants indicated incidences of tutors portraying affinity to particular students in class while others were ignored. Favouritism was associated to tribalism and to gender by some participants. The participants described the practice as unfair and advocated for equal treatment of students. Participants were of the view that all the students should be treated the same regardless of any social relationships that may exist between students and some tutors. One respondent expressed concern in instances where tutors favoured students of the opposite sex as she felt that there were high chances of unprofessional social relationships developing.

“Some tutor had their own people that they would associate with. Even if you want to contribute but it will be like your contribution won’t be considered that much because they already come with their own people.” (Respondent 4)

”This system of favouritism! You find that it was hard for some of us were students to approach some of the tutors. You find that when you go to then the way they will treat you and the way they will treat your friends, it will be different” (respondent 18).

The use of abusive language by some teaching staff was another of the concerns reported by some of the participants. They indicated that some of the terms and approaches used when addressing them were derogative and disrespectful and they indicated extreme detest for such. One of the participants cited experiences when elderly students were addressed like young children by some teaching staff, who were younger than they. She felt that this was not appropriate as the individual’s status as a tutor did not justify disregarding students’ right to respect. Another narrated how an instructor demeaned them on their first day in class by implying that they were a spoiled and poorly natured group.

“I remember we had a new instructor who came in and their first words were....you are being...I don’t know how I can say it in English. Its like in bemba- “balemi lelela pafinena.” (meaning; you are spoiled or you have been poorly nurtured or natured like eggs.). *I don’t think I am going to tolerate or to be able to associate myself with such. And for me....i didn’t like that. It wasn’t respectful because we are adults and in adult education we have to have a form of respect.”* (Respondent 4)

Communication break down between students and tutors was another of the cited concerns by one respondent in line with attitude. It was noted from the data that participants lacked means

of communicating with the teaching staff as their grievances would never reach the intended authority. They also reported that communication was further hindered because students feared to be labelled or victimized. Some participants stated that some teachers would warn students never to greet them each time they met and if they did, the teacher would either not respond at all or would respond rudely. Ultimately, participants attributed the perceived bad attitude among practicing midwives to their mistreatment during training. One respondent indicated that the cruel nature of training results in graduating monsters as midwives who in turn tend to vent their school life frustrations and mistreatment on colleagues and innocent clients.

“There are moments where we were embarrassed when you greet the sir-good afternoon-you are answered ‘what is good about this afternoon?’. At the end of the day, because of this, I think that is why we have got bad midwives because when you undergo cruel training, meaning you are training a monster because when you come out of there you are going to start putting that pain on patients or your fellow nurses.” (Respondent 13)

Sometimes you greet some of the tutors and they don’t greet you back. That’s the experience i had. They are passing and you say ‘good morning sir’ and they don’t answer” (Respondent 20)

4.2.3.2 Teaching methods

The methods employed in teaching midwifery students were also reported as an aspect of concern in the experiences of students. In place of the traditional lecture method, two of the participants indicated that they preferred class presentations. Participants stated that presentations gave them an opportunity to research and understand content better than having a teacher standing in front. It was further established from one of the participants that some tutors would simply give notes in class without explaining certain content, thereby, making it difficult for learners to understand.

“When you are having presentations, that way I used to like more because you are made to go and research on your own and then you come and present to your friends. That way it is very easy to learn rather than a tutor standing in front and explaining.” (Respondent 2)

One respondent raised concern over lack of planning by the school for the in-coming students which resulted in some topics not being taught on time. They said that such lapses resulted in further congestion of the already compacted content towards the end of training.

“They should prepare well for the....for the intake that is coming. What I mean is, as we come in, we expect somebody to be there to orient us on most of the things. Some things were done very late, for which we were supposed to do earlier to get used to them before we could leave training or before we could write some exams.” (Respondent 6)

Concerning visual aids, some participants stated that they preferred the use of Models to explain content as this helped them understand better, but they indicated that Models were not readily available. Another participant indicted that students would appreciate the application of computer based learning and use of television documentaries as these methods would help students understand the concepts well, especially linking theory to practice. Further, it was stated that it was difficult to apply theory to practice because most of the explanations of content lacked bridging demonstrations between the cognitive and psychomotor.

“I liked the topics where we would have models. Where we were given turns or chances. The tutor will explain then we were given turns or chances to go in front with a model and express your understanding of what ever has been taught. I liked that because without models it would be difficult to understand certain topics” (Respondent 3)

“Visual aids are limited and some we saw them during examinations” (Respondent 17)

The frequency of evaluation of students’ performance was also reported by one participant as a factor in the experiences of students. The participant stated that examinations were too many and too frequent, hence she could not comprehend, especially when this was compounded by limited time and heavy content. According to the data collected, examinations were as frequent as every month hence, students were not able to effectively prepare for the examinations resulting in poor performance. One participant stated that her performance during midwifery training was poor as compared to her general nursing performance. She attributed this to the approach to teaching and evaluation, among other factors.

“The interval of the exams would make me anxious because you have these write ups and you have to study for the exams. You think you don’t have enough time to study for the exams. The frequency was like...I think after one month you would have an exam”. (Respondent 3)

4.2.3.3 Staffing Levels

On staffing, some participants were concerned with inadequate teaching staff. One of the participants felt that although some tutors did their best to help students with their academic work, these efforts were dampened by shortage of teaching staff to cover the compacted curriculum within the available limited time frame. Findings indicate that there were moments when lectures had to be postponed and students sent to the clinical area due to lack of lecturers, resulting in failure to cover the planned material within the stipulated time. The respondent further stated that there was need to improve the number of tutors to prevent them from being overwhelmed with work.

“Most of the teachers were helpful, but..eh..though they were few. You find may be one of the tutors had gone out, meaning if one remains they won’t be able to cover the whole day as in from 08:00 to 16:00 hours. It causes to waste most of the time.” (Respondent 2).

4.2.4 Theme 2: Curriculum-related theme

This theme focused on issued related to the midwifery curriculum and one subtheme emerged; content of the curriculum.

4.2.4.1 Content of the Curriculum

One major concern that emerged from the data on students’ classroom learning experience was heavy curriculum content. Out of the 21 participants, one indicated that she had no problem with the content because she was warned in advance and this was ready for it. She indicated that heavy content was a blessing in disguise because she was motivated to work hard, hence, succeeded in the examinations.

“I had no problems with theory since we were warned at the beginning of the program and we were geared for that, though it was a lot but we managed.” (Respondent 7)

Most of the participants revealed that there was too much theoretical content to cover within twelve months of training, hence, much of the time was on lectures or writing notes and not

studying. In turn, students were not able to adequately prepare for examinations and worse still, to comprehend most of the content during classroom learning. They described the experience as challenging and having been subjected to too much pressure.

The challenge with heavy content was further attributed to limited time frame assigned for theory and to the fact that, part of the time meant for classroom learning was spent on activities related to clinical practice such as recording of deliveries.

“You find out that, like in my case, most time was spent on writing notes, unlike reading them because you are given a lot of notes and I would rather we are given handouts, then the tutors just comes and explain.” (Respondent 11)

4.2.5 Theme 3: Time related theme

This theme focused on issues regarding the amount of time assigned to classroom learning or coverage of the prescribed curriculum content. The only subtheme that emerged from this theme is time frame for classroom learning.

4.2.5.1 Time frame for classroom learning

All the participants, reported inadequacy in the time assigned for midwifery training in general. They stated that the period of twelve months for the entire program or the six weeks assigned for theory at the beginning of the course, was inadequate to cover the current content.

“Yah even the period of learning is like short and time run out, and you find that things are piled up. The period is too short, about one year...about ten months and there is too much work.” (Respondent 1)

Some of the participants indicated that students were made to panic especially when they realized they would probably fail to beat the deadline for assignments or examination preparation, and most of them would be compelled to lie or falsify information in an attempt to complete assignments on time. The data also show that participants had limited time to rest and because of exhaustion; some would lose concentration during class or may even doze during lectures. Since students were exhausted most of the time, their concentration and level of understanding was compromised and at the end of the lecture they would not have appreciated most of the things. They emphasized the fact that students need rest and a fresh mind to be able to comprehend content effectively.

“Yes because that would strain us so much. We don’t have enough time to rest because a fresh mind, relaxed mind is easier to understand and learn unlike a mind that is really tired. You find that you are really tired most of the time and you don’t get to understand most of the things even as the tutors are teaching. It is a bit difficult. Even dozing (laughs) we ended up dozing.” **(Respondent 11)**

4.2.6 Summary of findings

The aim for this study was to investigate experiences of classroom learning for midwives as students at Kitwe School of Midwifery. Three (3) themes and The 5 subthemes emerged from data analysis. Under the teacher related theme 3 subtheme, which included; attitudes of teaching staff, teaching methods and staffing level. From theme 2; which is a curriculum related theme, emerged a single subtheme; content of the curriculum. The 3rd and last theme was relating to time and the subtheme was time frame for classroom learning. This study successfully investigated the goals earlier stated. The themes and subthemes that emerged indicated that students’ academic performance can be influenced by their learning experiences.

CHAPTER FIVE: DISCUSSION OF FINDINGS

5.1 Introduction

This chapter comprises the detailed discussion and conclusions of the findings of the study as well as proposed recommendations in line with concerns raised. These recommendations are aimed at improving experiences of students' classroom learning at Kitwe School of Midwifery, and at other midwifery schools in the country.

This discussion provides answers to the study question "What are the classroom learning experiences of midwifery graduates at Kitwe school of midwifery?" Based on the views of the participants in this study, three themes and five subthemes emerged from narration their classroom learning experiences. The identified subthemes; attitudes towards learners, methods of teaching, staffing levels, quantity of content and time assigned to classroom teaching. These themes emerged from three themes: Teacher related issues, curriculum issues and Time issues. This study revealed that midwifery students had mixed feelings about their classroom learning experiences at Kitwe school of midwifery. While some students appreciated their experiences others perceived them negatively.

In order to enhance clarity, findings of this study have been discussed under the five subthemes The discussion also includes the implications of the findings, limitation of the study, recommendations and dissemination of findings.

5.2 Attitudes of Teaching Staff

The findings indicated that, although some of the teaching staff portrayed acceptable standard of practice in their approach towards students and were interested in students' welfare and in teaching, some participants reported staff hostility of various forms from some tutors throughout their classroom learning and generally during their stay in the school. Most participants recounted the harsh, unfair and disrespectful treatment they were subjected to by teachers and attributed their constant anxiety, fear and compromised academic performance to such treatment. These findings are consistent with those by Mabuda et al. (2008) in a similar study at a nursing school in Limpopo province in South Africa. The researchers in Limpopo also found that, attitudes of staff towards students took prominence among participants' concerns. Mabuda and et al cited name calling, harassment and use of students as scapegoats by teaching staff as some of the students' concerns. Similarly other related studies have also reported inappropriate approach of students by teachers (Kaphagawari,

2013; Gursoy, 2011; Durrheim, 1993). The researchers further reported that most teachers were not accessible for students' consultation on academic matters because they were not approachable. As a result students were fearful and frustrated most of the time because of lack of teachers' willingness to support students in their academic attainment and inappropriate approaches by teachers. This compromised students' academic performance.

Similar concerns have also been noted in other studies. For example a study by Kaphagawani (2013), reported that students' concerns bordered on poor communication by lecturers, especially when giving feedback, and communication was mostly very negative, while Mabuda et al. (2008) also indicated in their study that students' negative experiences were characterized by negative emotions such as embarrassment, unhappiness, fear, frustration and anger, and that students reported that they felt good where teaching staff were approachable, helpful and friendly.

The portrayed attitudes of staff in the current study contravenes the principles of teaching that are supportive of effective learning, hence, interfered with students' cognitive, affective and psychomotor development. According to Williams (2011), for learning to take place, teachers should create a classroom environment where students are passionate about learning by conveying a real sense of caring to students, making them feel special and being approachable. Hopkins University (2015) also state that teachers' attitude towards their work and students is of significance in ensuring training quality professionals that meet the global standards. Quality education depends, to a larger extent, on an environment that is free of behaviours which can undermine this goal. In line with suggestions by some of the participants, the portrayed learning environment calls for a review of the conduct of the teaching staff in order to create a conducive environment for students learning.

5.3 Heavy Content

As expressed by all the participants, the students were subjected to heavy theory content, resulting in failure to cope with studies. This situation, compounded by limited time assigned to classroom learning, resulted in students' failure to comprehend and, ultimately, their poor academic performance, particularly during their introductory block. As stated by the participants, heavy content did not only affect their ability to prepare adequately for examinations but it also had some bearing on their performance later in service as midwives.

As stated by Henard (2012), an effective education system is partly affected by the design of a curriculum and content as it defines a general overall plan of the content that the school should offer the student. Heavy content is blamed for students' failure to cope or understand the subject matter, and inducing stress among students (Gursoy, 2011; Royal College of Midwifery, 2015). Williams (2011) emphasises the need for educational tasks being moderate and manageable in order to ensure success by learners as this creates self confidence in the learner, which in turn makes them more eager to learn.

As proposed by most of the participants, in order to improve the quality of midwifery education, there is need to review the midwifery curriculum with a view to reduce the content.

5.4 Limited time frame

As mentioned above, findings indicated that the general view of students was that limited time hindered their ability to effectively assimilate theoretical content; hence, they did not appreciate most of the information during training. In addition, during classroom learning students simply focused on passing the examinations by whatever means, including cheating. This trend is likely to result in graduating students that are incompetent and untrustworthy and this may lead to poor midwifery care provided to patients.

On the other hand, some participants felt that heavy workload and limited time frame motivated them to study harder due to fear of failure and deferment. However, this could lead to stress and inability to rest which may further compromise academic performance. Other studies on students' learning experiences have also revealed concerns regarding the discrepancy in the content and time assigned for particular content (Bunoti, 2012; Banes, 2011).

As recommended by most participants and in line with the recommendations by ICM (2009), serious considerations should be made to extend midwifery training by six months from the current twelve months. This measure will not only ensure conformity with the internationally recommended standards but also avail the few teaching staff enough time to cover the curriculum content and students will effectively study and assimilate content.

5.5 Teaching Methods

Few of the participants raised concern over the teaching methods used at Kitwe school of midwifery. This could mean that students prefer more innovative teaching methods, which facilitate active learner participation in the learning process. Other participants indicated their preference for use of visual aids. It was also clear that participants viewed teacher-centred techniques as boring and not effective in a classroom situation and that they would prefer application of computers and documentaries in learning. According to Khurshid et al. (2012), in today's era of science and technology, there is need to improve quality of education by bringing fundamental changes in the education system through application of innovative teaching techniques. It is through these techniques that teachers can provide a student-centred learning environment that can make the learning process interesting. Williams (2011) also advocates for the application of learner-centred teaching approaches, which encourages creative thinking. Creative thinking requires students to define their educational tasks, set goals, select learning activities and assignments.

The findings indicated that the lecture method was not supportive of students' learning. This justified the call for the school authorities to seriously consider encouraging a shift from the usual traditional teaching methods in order to improve the quality of learning. While the lecture method is an academic staple, students do not pay attention continuously during the lecture (William, 2011).

5.6 Shortage of teaching staff

Some participants raised concerns over shortage of teaching staff, while others felt that failure by the school to plan adequately was the reason why completion of lectures was delayed, resulting in panicking towards the end of training. While staff shortages or disparity in the teacher/students ratio may be a factor, it may also be true that disorganisation or failure to plan for class sessions correctly and on time could also compound the learning problem. These factors could contribute to compromised quality of teaching and causes much stress to teaching and learning. Although some schools of thought argue that there is no link between quality of teaching and learning, and the teacher/learner ration, others insist that there is and is said to be a measure of quality of educators for a particular school (Robinson, 2012; ICM, 2013). The faculty/student ratio for effective classroom learning has been set at 1:20 at both international and local level (WHO, 2012; GNC, 2010).

Concerns over staff shortage were expressed in similar studies by Bunoti (2012) and Ayo (2006). In a study on the quality of high education in developing countries conducted in Kampala, Uganda, Bunoti (2012) states that students' were concerned with under supervision by lecturers mainly due to large numbers of students and students had no opportunity to consult their lecturers on academic concerns. These findings were similar to Ayo (2006) in Tanzania. Ayo studied on factors influencing clinical teaching of midwifery students in selected clinical settings in Tanzania. In addition to shortage of staff, participants also blamed lack of adherence to the academic plan by the teaching staff for the failure to cover content in time. This resulted in content being taught late in training, resulting in panic teaching. It is, therefore, clear that the need for program planning and effective implementation as well as priority setting need to be given centre stage at the institution. This could aid in maximising the use of the available time and number of staff to effect quality teaching.

5.7: Implications

5.7.1 To midwifery

Findings of this study bear serious and valuable implications to various sectors of midwifery and the health care system as a whole. This section outlines the implications of the findings to nursing practice, midwifery administration and midwifery education as well as midwifery research.

5.7.1: To midwifery practice

The study findings provide adequate evidence that midwifery practice is influenced by experiences of students during training. All the concerns raised by the participants have a bearing on their performance during their practice as midwives. Graduating ill-trained midwives inevitably impact practice negatively in all spheres, hence, the possible related rise in morbidity and mortality. This calls for the revision of particular facets of the midwifery training program in order to ensure professional practice by graduating midwives.

5.7.2 To midwifery administration

The results reflect poor staff attitude as a concern among the participants. As indicated by some of the participants, such harsh treated students are subjected to may result in graduating

“monster” midwives that are going to inflict similar treatment on clients and fellow midwives. The implication is that there may not have been deliberate measures by midwifery administrators to ensure that only professionally upright teaching staff are engaged in midwifery education facilities. It is incumbent upon the midwifery administrators to evaluate the quality of teaching staff engaged in midwifery education facilities, and also to provide constant monitoring of the practices of the teaching staff.

5.7.3 To midwifery Education

Findings of the study indicate concerns over the heavy curriculum content, limited time, and methods of teaching. All these areas are a preserve of the midwifery education authorities. This, therefore, implies that midwifery education may have lost checks and balances in the development and implementation of the education content, and this may compromise not only the quality of midwifery education but also the quality of midwives graduating from the midwifery schools. This, therefore, call for the midwifery education to re-visit the midwifery curriculum with a view to improving the quality of midwifery training.

5.7.4 To midwifery research

During literature review the researcher did not come across studies on experiences of midwifery, nursing or any other students during their classroom learning or just learning for that matter. This is an indication of the minimum attention paid to this very important field, hence, not much is known about the midwifery education system. In order to enhance evidence-based practice in the education system, there is need for the midwifery educators and administrators to encourage and support more and much broader studies of their topic.

5.8 Strengths and limitations

5.8.1: Strengths of the study

The strength of this study lies in the fact that findings in this study have added to the field of knowledge since, there is little evidence of any study of this kind conducted in Zambia, and very few at the global level. Furthermore, the methodology applied in this study was best suited for the study and the responses in this study were explicit with detailed descriptions of students’ experiences, thereby, providing a rich understanding of the meaning of content.

During data collection, participants were subjected to variant external influences due to variation in the interview sites. Interviews for individual participants were conducted from

various health facilities where participants were located, thereby strengthening the diversity in the content with regard to external influences.

5.4.2 Limitations of the study

This being a qualitative study generalisation should be done with caution with regard to content connotations. There is need for similar studies to be conducted at larger scales and thus develop a broader perspective of this topic. Another limitation is non-involvement of male participants. This was because male graduates could not be accessed as very few were trained and not found at the time of the study. As a result there was unequal gender representation in the study. Due to challenges of bringing participants to one place, the number for the focus group discussions did not meet the required standard of at least 6 to 12 participants. This further compromised the generalization of the findings.

5.9 Recommendations

5.9.1 To the GNC

Considering the findings of this study, some of the concerns focused on the heavy curriculum content and limited time to assimilate content. The GNC, being the custodians of midwifery training in general, needs to take deliberate measures focusing on revising these areas in the curriculum. The Council could consider extending the period for midwifery training by six (6) months, as proposed by some of the participants.

5.9.2 To Midwifery Educators

As expressed by the participants in the study, midwifery educators, especially at the school in question, need to re-visit their approach in their professional practice as teachers as regards; attitudes towards students and work, planning midwifery training programs and considering innovative teaching methods.

5.9.3 To Midwifery training administrators

It is incumbent upon administrators in the midwifery training school to ensure that measures to monitor performance and practice of midwifery educators are instituted and done regularly. They should also facilitate assessment of teaching staff by students on a regular basis. This will serve to provide feedback both to the administrators and the educators on their performance, hence, improve the quality of teaching.

5.9.4 For Further Research

Apart from the fact that this study was limited in scope to provide a broader picture of students' learning experiences, this area of practice has evidently been under studied. There is need, therefore, that a much broader study involving several schools across the country is conducted. This will help provide a much clearer picture of the state on the education practice in the midwifery schools and serve as a basis for instituting measures meant to improve the quality of professional practice.

5.10 Dissemination and utilization of findings

The results of the study will be presented during the postgraduate dissertation defence seminar at UNZA after which they will also be presented to management at Kitwe School of Nursing and Midwifery as well as the GNC.

The results will then be published in a recognized journal such as the *Zambian Medical Journal* or/and copies of the study will be submitted to the School of Nursing Sciences, the Medical Library at UNZA, and Kitwe school of midwifery.

Opportunities such as school meetings at Kitwe School of Nursing and Midwifery will also be used to disseminate the findings to other teaching staff. A copy of the report will also be placed in the school library.

5.11 Conclusion

The findings of the study indicate varied participants' experiences during their classroom learning at Kitwe school of midwifery. While some participants feel that the teaching environment was supportive of their learning, some teachers were good and that the heavy content and limited time motivated them to work hard, some participants were of a different opinion. They felt that classroom learning environment at the school was hostile and not supportive to students' learning.

The major areas of concern included; attitude of teaching staff, curriculum content, time allocated for midwifery training, approaches to teaching and staffing levels. Attitude, content and time frame took centre stage among all the concerns.

Findings of this study and the related literature indicate that there is need to review the classroom learning environment for students, particularly at the school of midwifery. From

the themes that emerged it is evident that some aspects of the classroom environment affects students' learning to a greater extent.

REFERENCES

- Adams L.A. (2013), **Ethics of Medicine**, [online], Available: <http://dets.washington.edu/bioethx/topics/research.html>. [15th September 2015]
- Al-Zu'be (2013), **The Difference Between the Learner-Centred Approach and the Teacher-Centred Approach in Teaching English as a Foreign language**, [online], Available: [www.erint.savap.org.pk/PDF/vol.2\(2\)/ERint.3013\(2.2-04\).pdf](http://www.erint.savap.org.pk/PDF/vol.2(2)/ERint.3013(2.2-04).pdf) [24th May 2015]
- Ayo E.N.S (2006), **Factors Influencing Clinical Teaching of Midwifery Students in Selected Clinical Setting in Tanzania**, [online], Available: <http://uir.inisa.ac.za/bitstream/handle/10500/2258/dissertation.pdf> [10th April 2015]
- Barnes (2011), **Perceptions and Experiences of Undergraduate Midwifery Students Concerning their Midwifery Training**, [online], Available: [file:///c:/users/user/Downloads/phiri-perceptions-2011%20\(2\).pdf](file:///c:/users/user/Downloads/phiri-perceptions-2011%20(2).pdf) [15th May 2015]
- Bhattacharya H. (2008), **Research Setting**, [online], Available: http://asfaculty.syr.edu/pages/wgs/_CVs/HB%2520CV%2520feb%25202015.pdf [10th March 2015]
- Books J.P. (2012), **The History of Midwifery**, [online], Available: www.ourbodies.ourselves.org/health-info/history-of-midwifery [28th March 2015]
- British institute (2014), **Midwifery and Apartheid in South Africa**, [online], Available: www.birth-institute.com/alternative-medicine-and-childbirth/midwifery 28th march 2015]
- Bunoti S (2012), **The Quality of High Education in Developing Countries, Kampala, Uganda**, [online], Available: www.intcomfhig.org/FINAL%20Sarah%20bunoti.pdf [30th March 2015]
- Burns N. and Grove S.K. (2003), **Understanding Nursing Research**, 3rd Edition, Saunders Company, Pennsylvania.
- Creswell W. (2009), **Research Design; Qualitative, Quantitative and Mixed Methods Approaches**, third edition, SAGE Publications, Inc.

Dolamo B.L and Olubiyi S.K. (2011), **Nursing Education in Africa: South Africa, Nigeria and Ethiopia experiences**, University of South Africa, Int. J. Nurs. and Midwifery, [online], Available: <http://www.academicjournals.org//journal/IJNM/article-full-text-pdf/8c859> [30th March 2015]

Durrheim R (1993), **Student Nurses' Perception of The Clinical Midwifery Experience as a Learning Environment**, [online], Available: <file:///users/Downloads/1398-4626-1-sm.pdf> [23rd March 2015]

European Students Union (2010), **Students Centred Learning-an Insight into Theory and Practice**, [online], Available: <http://www.scribd.com/document/208673446/student-centred-An-insight-intoTheory-and-practice>, [17th April 2015]

Feelings G. (2013) **Data Saturation**, [on line], Available: www.gutfeelings.eu/glossary/saturation-2/. [12th April 2015]

Gurssoy, A., Cilingir, D. and Hiutistan, S. (2011), **Nursing and Midwifery Students Perceptions of Their Educators and Perceived Stressors during their Education**, International Journal of Nursing Practices, Turkey, [on line], Available: <http://ktu.academia.edu/aytaakkasgursoy> [27th March 2015).

Hamond LD, Oreutt S and Rosso J (2011), **How People Learn: Introduction to Learning Theories**, [online], Available: www.researchgate.net/publication/237741704, [14th June 2015]

Hayes (2011), **Transforming Health Care with Evidence, Glossary of Research Terms**, [online], Available: <http://www.hayesiane.com/hayes/upcontent/uploads/2011/07/Glossary-of-Research/Terms-7-25-2011-FINALpdf>. [28th March 2015]

Hopkins J. (2015), **Guidelines for Conduct on Teacher/Students Relationship**, [online], Available: <http://www.hopkinsmedicines.org/som/faculty/policies/facultypolicies/relationship>. [28th March 2015]

ICM (2010), **Global Standards for Midwifery Education**, [online], Available: <http://www.internationalmidwives.org/assets/uploads/documents/CoreDocuments/ICM%2520Standar> [28th March 2015].

ICM (2012), **Global Standards for Midwifery Education**, [online], Available: www.internationalmidwives.org/assets/upload/documents.coreDocuments/companion%20Guidelines%20for%20E [19th March 2015]

ICM (2012), **Model Curriculum Outlines for Professional Midwifery Education**, [online], Available: www.internationalmidwives.org/assets/upload/documents/cover%20p [28th March 2015]

ICM (2013), **Global Standards for Midwifery Education**, [online], Available: www.internationalmidwives.org/asserts/uploads/documents/coredocuments/companion%20Guidelines [28th March 2015]

ICN (2005), **The Nursing Workforce in Sub-Saharan Africa**, [online], Available: <https://www.ghdonline.org/uploads/The-Nursing-Workforce-in-Sub-Saharan-Africa&o> [30th March 2015].

International Confederation of Midwives (2013), **Global Standards for Midwifery Education**, [online], Available: www.internationalmidwives.org/asserts/uploads/documents/coredocuments/companion%20Guidelines [28th March 2015]

Jhpiego (2015), **Global Partners Stand Behind Global Standards for Midwifery**, online, available: www.jhpiego.org/content/global-partners-stand-behind-global-standards-midwifery (28th March 2015).

Kafle N.P. (2011), **Hermeneutic Phenomenology Research Methods Simplified**, [online], Available: www.ku.edu.up/bodhi/vo/5no1/77.%Narayan%20kafle.%Hermaneumatic%20Phenomenological%20Researchof20methods.pdf. [28th March 2015]

Kapagawari (2013), **Analysis of Nursing Student Learning Experiences in Clinical Practice-Literature Review**, [online], Available: www.krepublisher.com/.../s-EM-07-3-181-13-293-useh-u-Tc-pdf, [16th May 2015]

Keighley T. (2005), **European Union Standards for Nursing and Midwifery: Information for Accession Countries**, [online], Available: www.euro-who.int/data/asserts/pdf-file/0005/102200/E92852.pdf [28th March 2015].

Kern B (2005), **Ten Principles of Effective Teaching and Practical Examples for the Classroom and Background**, [online], Available: www.nyu.edu.vn/portals/96/TU%20lieu%20them%20khao/phnsug%20giang%20day/principles%20good%20teaching.pdf, [25th April 2015].

Khurshid and Ansam(2012), **Effects of Innovative Teaching Strategies on Students Performance**, [online], Available: globaljournals.org/GJHSS-volume12/7-effects-of [15th May 2015]

Langbridge in Kafle (2011), **Research Setting**, [online], Available: www.psm.sagepub.com/view/sage-encyc.qualitative-research-methods/u398-xml- [10th April 2015]

Luck A.D, Chung H, Sullivan J.E, Issenberg B (2013), **Simulation in Health Care Education. A Best Evidence Practical Guide, MEE Guide No 82**. [online], Available: www.tandfonline.com/doi/full/10.309/0142159x/3013.818632- [10/09/17]

Mabuda B.T. (2008), **Student Nurses' Experiences During Clinical Practice in the Limpopo Province**, [online], Available: <http://www.ncbi.nlm.nih.gov/pubmed/18592945> [20th April 2015].

Miller MP (2010), **First Year Undergraduate Student Nurses' Preparedness for Self-Directed Learning**, [online], Available: <http://www.ncbi.nlm.nih.gov/pubmed/21192595> [9th May 2015]

Milne T. (2014), **Survey Results of First and Second Year New Zealand Midwifery Students' Level of Engagement in a Flexible Delivery Programme**, [online], Available: <http://www.midwifery.nz/pdf/journal/surveywith%2520doi.pdf> [9th May 2015]

Ministry of Health (2008), **National Training Operational Plan-Field Assessments Analysis and Scale-Up Plans for Health Training Institutions**, [online, Available: <http://www.zuhwa.com/wp-content/uploads/2010/10/Zambia-Training-Operational-Pl> [6th May 2015].

Ministry of Health (2008), **National Training Operational Plan-Field Assessments Analysis and Scale-Up Plans for Health Training Institutions**, [online], Available:

<http://www.zuhwa.com/wp-content/uploads/2010/10/Zambia-Training-Operational-Pl>
[6th May 2015]

Mizner W. (2015), **Research Population**, [online], Available:
<https://exprolarable.com/research-popullation>. 6th May 2015]

Motlagh F.G. (2012) **Iranian Nursing Students' Experiences of Nursing**, [online],
Available: www.ncbi.nlm.nih.gov/pmc/articles/pmc696962/. [28th March 2015].

Najla B. (2013), **Midwifery and Midwives: A Historical Analysis**, [online], Available:
www.interestjournals.org/full-articles/midwifery-and-midwives-a-historical-analysis.pdf?views=inline. [28th March 2015].

NMC (2015), **Standards for Pre-Registration Midwifery Education**, [online],
available: <https://www.nmc.org.uk/globalassets/sit/documents/standards-standards-for-preregistration-midwifery-educol.pdf>. [7th September 2017]

Nursing and Midwifery Council (2015), **Standards for Pre-Registration Midwifery Education**, [online], Available:
<https://www.nmw.org.uk/globalassets/sitedocuments/standards/nmc-standard-for-preregistration-midwifery-education.pdf> [28th March 2016]

Polit and Deck (2006), **Essentials of Nursing Research-Methods, Appraisal and Utilisation**, Lippincott, Williams and Wilkin.

Polit D.F. and Beck C. T. (2008), **Nursing Research, Generating and Assessing Evidenced for Nursing Practice**, 8th Edition, Lippincott, Williams and Wilkin, Donnelley, China.

Royal College of Midwives (2015), **Stress And The Student Midwife**. [online],
Available: <http://www.rem.org.uk/content/stress-and-the-student-midwife> [28th March 2015)

Saravi K. (2015), **Nursing Standards; Views of Nursing Education Quality**, Zahestan University of Medical Sciences, Zahedam, Iran. [online], Available:
www.cenet.org/journal/index.php/gjhs/article/viewfile/38881/24075 [28th March 2015)

- Sharif, F. and Masoumi, S. (2015), **A Qualitative Study of Nursing Students Experiences of Clinical Practice**, [online], Available: www.ncbi.nlm.nih.gov/pmc/articles/pmc1298307/25/03/15 [25th March 2015]
- Sharon R. (2015), **Midwifery in the United States of America**, [online], Available: <https://en.wikipedia.org/wiki/midwives-in-the-United-States> [12th April 2015]
- Shuttleworth M. (2010), **Pilot study**, [online], Available: <https://explorable.com/pilot-study> [11th April 2015].
- South African Nursing Council (2005), **Nursing Council-Nursing Education and Training Standards**, [online], Available: www.sanc.co.za/pdf/nursing%20Education%20and%20training%20standards.pdf. [28th March 2015]
- Standard Midwifery Net (2007), **A Brief History of Midwifery** [online], Available: www.studentsmidwifery.net/fob/a-brief-history-of-midwifery.662/ [28th March 2015]
- Virginia T. (2015), **Research-protecting Confidentiality and Anonymity**, [online], Available: www.irb.vt.edu/pages/confidentiality.htm [11th April 2015].
- WHO (2012), **Nursing and Midwifery Education Progress Report 2009-2012**, [online], Available; www.who.int/hrh/nursing-midwifery/nursingmidwiferyprogressreport.pdf. [30th April 2015]
- Williams K.C. et al (2011), **Five Key Ingredients for Improving Students' Motivation**, [online], Available: www.aabri.com/manuscript/11834.pdf (27th October 2016)
- World Health Organisation (2003), **WHO European Strategy for Continuing Education for Nurses and Midwives**, [online], Available: www.euro.who.int/-data/assets/pdf-file/0019/102268/e81557.pdf [12th April 2015].
- World Health Organisation (2009), **Global Standards for the Initial Education of Professional Nursing and Midwives**, [online], Available: www.who.int/hrh/nursing-midwifery-global-standards-education.pdf [28th March 2015]
- World Health Organisation (2013), **Midwifery Education Core Competences**. [online], Available:

http://www.who.int/hrh/nursing_midwifery/13012WHO_Midwifery_educator_core_co
[12th April 2015].

World Health Organisation (2013), **Midwifery Education Core Competences**, [online], Available:

http://www.who.int/hrh/nursing_midwifery/13012WHO_Midwifery_educator_core_co
12th April 2015].

World Health Organisation (2015), **Quality Management and Faculty Development in Nursing and Midwifery Education, Western Pacific Region**, [online], Available:

www.wpro.who.int/hrh/about/nursing-midwifery/education-quality [28th March 2015]

APPENDICES

APPENDIX 1: INFORMATION SHEET FOR INSTITUTIONS

TITLE OF STUDY: Experiences of Midwifery Students of their classroom learning at Kitwe School of Midwifery

I am a Masters of Nursing student at the University of Zambia, School of Medicine, and Department of Nursing Science wishing to conduct this study in partial fulfilment of my Master's degree qualification.

Purpose of the study

The main objective of this study is to determine the experiences of students of their classroom learning in order to influence policy on improving classroom environment and hence improve the quality of teaching and learning in the midwifery school.

Procedure

The study will be conducted at in Health facilities in Kitwe District on the Copperbelt Province and the target population are the Kitwe School of midwifery trained Midwives. The study population will include all the Midwives trained at Kitwe School of midwifery the year just before the study.

Since this is a phenomenological descriptive study in which sampling will be purposive and the sample size will not be pre-determined but will depend on saturation. Data collection will be done from a private room within the various facilities to which the respondents operate and an in-depth interview guide, a tape recorder and note pad will be used to collect data during one-to-one interviews with informed participants. Each participant will be required to sign an informed consent and they will be assured of anonymity, confidentiality and safety.

Benefit of the study

Although there may be no direct benefits to the participants, the information that will be obtained will help in determining the experiences of students as regards teaching and learning

at the school and ultimately serve as a basis for the authority to institute measures to improve the quality of midwifery training, hence improve the quality of patient care.

Risks of the study

There are no risks to the participants or to any other person that is involved in this research.

Confidentiality

Personal details of all the participants will not be include in the study and identification of each one of them will be by number. No unauthorised persons will have access to the data and especially any aspects that would link the participants to obtained information.

The Principal Investigator:

Ms. Mondywa Hosiwa
C/o University of Zambia
School of Medicine
Dept. of Nursing Sciences
P.O. Box 50110,
LUSAKA.
Cell: 0977411577

APPENDIX NO 2: INFORMATION SHEET TO PARTICIPANTS

TITLE OF STUDY:

EXPERIENCES OF MIDWIFERY STUDENTS OF THEIR CLASSROOM LEARNING

Dear participant,

You are invited to participate in a study which is intended to determine the experiences of midwifery students of their classroom learning at Kitwe School of Midwifery. In order for you to make an informed decision on this subject, details of the study have been given below.

Purpose of the study

The main objective for this study is to determine the experiences of Students Midwives of their classroom experiences at Kitwe School of Midwifery.

Procedure

For the purpose of data collection, you will be subjected to between 30 minutes and an hour long in-depth interview which will be moderated by a data collector in a private room within the school premises. The conversation will be recorded on audio tape by the data collector and on a note pad. During the interview you will be asked some questions to enable you share your experiences of your classroom learning during midwifery training.

Benefit of the interview

Although there may be no direct benefits to you, the information that you will provide will help in determining the state of the learning environment at the school and ultimately serve as a basis to institute measures to uphold the quality of midwifery training. Eventually, there will be a trickle-down effect on patient care.

Risks of the interview

There are no risks to you or any other person that is involved in this research.

Confidentiality

Your personal details will not be include in the study and you will be identified by number. The recorded data will be kept by the researcher under lock and key and will not be accessed

by any unauthorised persons. Once analysis of the data is complete, the data may be published through journals, meetings or any other authorised forum.

There will be no risk of you being intimidated or disadvantaged by the school authority or any other person because of the information that will be obtained during the interview.

Freedom to withdraw

You are free to either object participation or withdraw from the interview any time you wish to do so and this action will not affect you or disadvantage you in any way. You are free to ask as many questions as you want before, during and after the interview.

The Principal Investigator: Ms. Mondywa Hosia
C/o University of Zambia
School of Medicine
Dept. of Nursing Sciences
P.O. Box 50110,
LUSAKA.
Cell: 0977411577

Chairperson ERES Converge IRB: Dr. E. Munalula-Nkandu
33 Joseph Mwilwa Road
Rhodes Park
LUSAKA
Tel: 0955 155633/4

APPENDIX 3: CONSENT FORM FOR PARTICIPANTS

I have read the foregoing information and have had an opportunity to ask questions about it. Any questions asked have been answered to my satisfaction and i consent voluntarily to participate in this study.

Name of participant

Signature of participant.....

Date:...../...../.....

Data collector/interviewer’s signature

From my understanding, the participant has fully understood the contents of the study and has made an informed consent to participate in this study.

Name of interviewer:.....

Signature of interviewer:.....

Date :/...../.....

APPENDIX NO 4: IN-DEPTH INTERVIEW SCHEDULE

STUDY TITLE: Experiences of midwifery students of their classroom learning at Kitwe School of midwifery.

IN-DEPTH INTERVIEW GUIDE FOR STUDENTS MIDWIVES AT KITWE SCHOOL OF MIDWIFERY

Index Number.....

Place of interview.....

Name of interviewer:.....

Date of interview:.....

INSTRUCTIONS TO THE INTERVIEWER

1. Introduce yourself to the respondent
2. Explain the purpose of the interview to the respondent.
3. Obtain consent to conduct the interview
4. Ask for permission from the respondent for note taking and tape recording of the interview.
5. Record the responses in a note book provided.
6. Do not write the respondent's name but an identification number on the interview schedule
7. Assure the respondent of confidentiality and anonymity
8. Thank the respondent at the end of the interview

QUESTIONS

Can you describe your classroom learning experience regarding the following;

1. How do you feel about being a student in midwifery?
2. How do you feel about midwifery in general?
3. How was your class room learning experience during midwifery training?
4. Which classroom experience did you find most enjoyable?

5. Would you like to talk about those experiences which you found most anxiety producing?
6. How do you think classroom experiences can be improved?