

Learning Ethics as Viewed by Bruneian Midwifery Students: A Thematic Analysis

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ABSTRACT

Background: There are several considerations that midwives must consider when providing care for their patients, partners, and newborns. This may give rise to nuanced ethical concerns, which entail midwives' readiness and capacity to recognise moral principles to recognise such concerns. The views of midwifery students regarding ethics education were examined in this study. Moreover, they reflected on their experiences with ethical concerns within clinical settings.

Methods: The study adopted a qualitative descriptive research design. Six final-year midwifery students who had completed clinical placements were emailed open-ended interview questions. The study was approved by the University Research Ethics Committee. Participants provided digital informed consent.

Results: Two broad themes were identified: (1) Adequacy in knowledge and (2) Between expectation and reality.

Conclusion: The midwifery students highlight that it is critical to recognise and be cognisant of ethical issues in the clinical setting, as they are common but not always easy to identify in a complex clinical environment. Subsequently, students must acquire knowledge of ethical concerns before their clinical rotations through practical examples and scenarios that demonstrate how to identify and confront such issues.

Keywords: Midwifery students; Ethics, Experience; Education; Ethical issues; Brunei

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INTRODUCTION

As a midwife who provides care for women in a healthcare setting, one may encounter a wide range of ethical situations on the job. Therefore, it is important to maintain consistency in care and treatment through good conduct and uphold ethical principles (1). The principles such as beneficence, nonmaleficence, respect for autonomy, fairness, privacy, and integrity are incorporated into medical ethics (2). Although midwives must attend to the requirements of various individuals concurrently, including the mother, her child, and her spouse, the core characteristics of caring ethics are consistent with midwifery care (3). To deliver high-quality care, midwives must engage in personal and professional communication with the women. As a result, midwives need to blend theoretical understanding, applied proficiency, and unique traits such as intuition and empathy (4).

This is crucial because healthcare professionals are confronted daily with ethical concerns that can potentially affect society or policy at large, as well as an individual patient or an entire population (5). It is also paramount that midwives, including student midwives, possess the essential readiness and awareness, exhibit ethical sensitivity, consistently adhere to their code of ethics, and facilitate ethical, collaborative decision-making (6). Thus, to be adequately able to deal with such circumstances, midwifery students need to gain knowledge of ethics and ethical concerns from the outset. Such preparation is a prerequisite so that individuals working in hospital settings are aware of difficulties and can respond accordingly.

According to a study conducted in Iran (7), midwives encountered various challenges due to a lack of understanding of professional standards and the litigation process. These difficulties could potentially harm their practice and change society's perception of midwifery. That is, although midwives might know about the ethical issue, they cannot effectively address it for several reasons, such as the complex nature of such concern. Moreover, it was found that a mere 64.3% of nurses possessed knowledge of the ethical codes (8). Hajifoghaha et al. (9) noted that midwives have spoken about an urgent need for further learning surrounding the rights of expectant women and effective communication

(9). Meanwhile, Rahimparvar et al. (10) explored how midwives in Tehran adhered to professional codes of ethics. The study found that the domain of client information disclosure exhibited the lowest average score, suggesting that they routinely divulge patient information to individuals not actively engaged in their care.

Additionally, Baghany et al. (11) reported that adherence to ethical standards in professional midwifery duties was 86%, while in midwifery relationships, it was 50%. Also, Ghobadi Far and Mosalanejad (12) have observed that professionalism among healthcare professionals is moderate and has the potential for improvement. Notably, 60% of midwives in maternity wards of teaching hospitals adhere to established professional ethics (13). Once more, Oelhafen et al. (14) discovered that ethical considerations are a typical concern in the medical and midwifery literature and are recognised as an essential root of moral distress.

On the other hand, midwives participating in a Turkish study (15) cited safeguarding the privacy of their patients, maintaining the integrity and prestige of their profession, maximising patient benefits while minimising patient harm, and ensuring equitable service as the primary obstacles they encountered daily. Furthermore, they considered privacy protection, professional competence, trustworthiness, and accountability fundamental professional and ethical principles. They observed that cultural values might impact professional values. Therefore, these results underscore the necessity of formulating ethical standards and professional values for midwifery consistent with the nation's circumstances and cultural milieu. However, Afhami et al. (2018) argued that midwives often adopt a religious ethical framework when confronted with ethical concerns (16).

Given the paucity of scholarly studies about student midwives, particularly in Southeast Asian nations such as Brunei, it is critical to conduct the current study. Thus, the views of midwifery students regarding ethics education were examined in this study. Moreover, they reflected on their experiences with ethical concerns within clinical settings.

METHODS

Study Design

This study followed a qualitative descriptive design because it was deemed most appropriate for exploring the research question. It allows the student midwives to express their viewpoints and share their insights.

Sample and Setting

An email invitation was sent to twenty midwifery students enrolled in bachelor's degrees in midwifery at Universiti Brunei Darussalam. The invitation was given through the programme leader of the midwifery course, who acted as the gatekeeper, following a purposeful sampling technique. Students were required to meet the following criteria for inclusion in this study: they must be enrolled in a bachelor of midwifery programme, have completed a clinical rotation lasting at least one week, and have attended an ethics course. The participant information sheet provided comprehensive details regarding the study, and those interested were encouraged to contact the research team for additional clarification. The characteristics of the study participants are detailed in **Table 1**.

Table 1: Characteristics of the students

Course	No. of Students
Double Major (Nursing and Midwifery)	5
Single Major (Midwifery)	1

Data Collection

Six volunteers, consisting of final-year midwifery students, carried out email-based interviews. The data was collected from June to October of 2022. The students were required to respond to open-ended interview questions, such as providing further details on their understanding of learning ethics. Subsequent questions were directed towards their ethical knowledge and experiences with ethical concerns in a clinical environment. Furthermore, a pilot study was conducted to pre-test the formulated questions. Two

students were invited to complete the interview template to determine whether the questions were challenging and needed modification. The data obtained from the pre-test was not incorporated into the main study since the developed questions were modified.

Data Analysis

The interview transcripts were kept in Microsoft Word folders, given identity codes, and transcribed verbatim. The transcript lines were numbered to facilitate clear communication among the research team and make it easier to refer to the original text later. The data was analysed using thematic analysis (17) in six steps: (1) becoming familiar with the material by reading it openly, (2) generating tentative codes, (3) searching for themes, (4) evaluating themes, (5) defining and naming themes, and (6) writing them down.

Trustworthiness of Study Findings

The four cornerstones of a qualitative study's reliability and rigour are credibility, dependability, conformability, and transferability (18). In this study, the questions were first pre-tested with two students who met the inclusion criteria to assess their validity and reliability. The students' statements were consistent and met the research quality criteria in the thematic analysis. In addition, concurrent data analysis ensured that common patterns were analysed in parallel interviews to gain a complete understanding of concepts. The research team also addressed the developed themes and did not overlook any results. Different verbatim quotes were used to illustrate the findings, which offered the participants in this study a voice. The team also engaged in several discussions to analyse and compare the results, reaching a consensus on recurring themes. Data saturation occurred on completion of the sixth interview, at which point additional data no longer generated insights that added value to the topic. The extensive knowledge and experience of the students on the topic enhanced the transferability of the findings.

Ethical Considerations

The research protocol obtained approval from the university's ethical review committee (No. UBD/PAPRSBIHSREC/2022/01).

Participation in the research study is entirely voluntary. Before the interview, students provided digital informed consent. All data were de-identified and kept confidential.

RESULTS

The data analysis generated two broad themes related to learning ethics, namely (1) Adequacy of knowledge and (2) Between expectation and reality. Quotes are used to exemplify the findings.

Adequacy of Knowledge

The first theme that has been identified pertains to the midwifery students' understanding of learning ethics. Most of them indicated that they had acquired knowledge or had prior exposure to the subject through the required course in their common foundation year. This is called the "Law & Ethics for Healthcare Professionals" course. The course is designated as an essential module that students are required to complete during their second academic year. One of the students remarked that this course was a requirement for their second year.

"When I was in my second year of nursing school, one of the necessary classes was an ethics class. This class was mandatory for all the students in my class. During that time, I was able to broaden my understanding of ethics."

(Student D501)

A student pointed out that while she was introduced to the concept of ethics at the beginning of the midwifery course, it was not until the second year that she had an in-depth view of ethics as a subject.

"Previously, when I was completing a reflective clinical assignment for the clinical and skills practice module, I had acquired some ideas about it from Brunei's code of ethics handbook, which I had seen on the website of the Ministry of Health during my first year of study."

(Student D502)

Based on the responses, it is evident that each student was introduced to ethics education during their initial years of the midwifery programme. This early exposure has influenced their understanding and consciousness regarding ethical issues. When asked about their readiness to handle ethical

concerns with the assistance of the course, nearly all students agreed that learning ethics through the course somehow equips them to address ethical problems in the future. Students have reported that the course helped improve their knowledge of ethical principles and increased their awareness of ethical considerations in clinical environments. One student posits that readiness can facilitate one's ability to address ethical dilemmas.

"My knowledge of ethics will help me to make ethically sound decisions, such as recognising the importance of protecting the rights of women and ensuring that my clients provide their informed consent before I do any treatment on them. I will also be mindful of anything that might put my clients in danger."

(Student D501)

However, several students disclosed that they continued feeling inadequate regarding their knowledge of ethics. This is due to the limited opportunity to discuss ethical concerns with mentors in clinical settings. One of the students elaborated on their line of reasoning.

"Despite everything I have been able to study up until now, I do not believe I will ever be ready to deal with ethical dilemmas in the real world."

(Student D502)

Nevertheless, a considerable number of the study participants have reached the consensus that the acquisition of ethical knowledge through the ethics course has had a role in strengthening their readiness to address ethical issues. The subsequent theme presented additional narratives of the students' ethical experiences in the clinical environment.

Between Expectation and Reality

During the interviews, students often discuss their preconceived notions regarding how to perceive and resolve ethical concerns. However, the reality of their clinical experiences often differs from these perceptions and is not always consistent with how they initially presented what they learned. The following theme was the narrative regarding the significance that students attributed to ethical care. Good ethical care comprises several aspects, including attitude, verbal and non-verbal communication and professionalism. They noted, however, that this is frequently difficult to maintain in practical

situations. When probed about situations that demonstrate good ethical judgement, most students highlight the significance of providing informed consent as one example. To obtain informed consent, it is necessary to present the patient with all treatment options along with relevant information so that they may select the most appropriate course of action considering their present situation. All students responded to this question by mentioning informed consent in any way they could. One student underscored the importance of providing the patient with all pertinent information.

"It is essential to provide the women with in-depth explanations of any procedures, services, or information that could be of assistance for them to be well-informed and prevent them from experiencing feelings of exclusion or isolation. Furthermore, another aspect of consent is ensuring that women and their partners are informed about the care and treatment provided for them and their children."

(Student D502)

Upholding privacy and dignity is another common component or illustration of ethical care. These entail measures such as restricting the number of professionals accessing the labour room or closing the curtains to protect the patient's dignity and maintain confidentiality regarding their conditions and decisions with non-healthcare professionals involved in their care. According to one student, ethics taught them the importance of safeguarding privacy and dignity.

"Ethics made it clear to me that the patient's client has rights and that maintaining other people's rights and dignity as a midwife or a human being depends on knowledge and practising ethics. They must protect the client's privacy and confidentiality by, for example, refraining from sharing stories about women with strangers."

(Student S401)

Additionally, several students offered accounts of unethical clinical environments where they encountered concerns about patients' dignity and privacy. For example:

"More than four healthcare professionals will be in the delivery room at the same time, which may cause the expectant woman to feel anxious and uncomfortable. Not only that, but patients were also sometimes left exposed when breastfeeding since the curtains were not always drawn, and the spouses of other patients were sometimes around and might be

seen walking by. In addition, the husbands of other patients were often there."

(Student D504)

The students in this study reported that this standard of procedure, which was not communicated to the patient before or during labour preparations in the delivery suite, is not adhered to. Furthermore, several students disclosed that the birth plan included in the women's maternal and child handbook was not utilised. The handbook is a document in which the woman specifies her desires regarding her labour experience.

"My observations suggest that during a woman's pregnancy and birth, the handbooks are seldom used by midwives and expectant mothers. For example, even though the woman made it clear in her booklet that she preferred a less crowded birthing setting, the reality did not meet her expectations; many professionals attended her birth in the labour room. Not only that, but the plan also went unnoticed by the midwives. The handbook asks whether the students should be present for the birth or solely the medical staff. But before the delivery, the women are asked for permission by the midwives and the students."

(Student S401)

Explanations may exist for the inadequate management of ethical concerns within clinical environments. This issue was mentioned by one of the students.

"It is essential to always show the patient the right amount of respect, especially in the labour room. On the other hand, this may result from the stressful nature of the surrounding environment. Naturally, we must modify the atmosphere; the first step is doing the right thing."

(Student S401)

Every student has disclosed encountering at least one ethical dilemma while working in a clinical environment. The students exhibited identical responses and shared comparable experiences in navigating ethical concerns. A student described encountering similar issues in two distinct settings.

"In the labour room, it might be challenging to protect the women's privacy, maintain confidentiality, and show respect for the women's choices. This is precisely the same as the situations I have experienced in the antenatal ward. They do not try to get the patient's informed consent before

administering treatment and instead expect that the patient would agree to everything done. A comparable situation exists in the antenatal ward when patients are not asked for their informed consent before receiving further treatments and medications. One example of this is the administration of Prostin for cervix opening."

(Student D501)

DISCUSSION

Based on the results, there is an apparent connection between the ethical education that university students receive and their experience with ethical concerns in the clinical setting. The perceptions of ethics and ethical values among health sciences students were evaluated in a study conducted by Hernando et al. (19). When questioned about their perspectives on ethics, the students expressed surprise, given that this is not a subject they frequently deliberate upon. Most midwifery students surveyed in a recent study stated that their programmes did not equip them with the skills necessary to recognise and resolve ethical dilemmas. Ethics and ethical concerns were discussed in settings beyond the classroom (20). The curriculum primarily covered theoretical concepts, with limited emphasis on the practical application of knowledge and skills related to managing and resolving various categories of ethical concerns.

Accordingly, upon commencing their clinical attachments in authentic environments, these student midwives cannot recognise or address these ethical concerns. All the participants in this study indicated that they had been exposed to ethics education in the ethics course during their second year. Chiapponi et al. (21) found that medical school instructors in Germany could not identify the ethical dilemmas that students encountered despite their knowledgeable background in healthcare ethics. Therefore, due to the theoretical nature of the lectures, the instructors may be unable to address contemporary ethical concerns pertinent to clinical settings adequately. Accordingly, this point implies that it is necessary to bridge the gaps by addressing a contemporary ethical dilemma.

Meanwhile, numerous studies have documented the presence of ethical awareness and knowledge among midwives. However, current midwives' expertise and experience have also demonstrated a moral ability and

practice deficiency within the workplace. According to a study conducted in Uganda by Osingada et al. (22), 15% of the country's midwives and nurses score 50% or higher on the ethics knowledge examination. This study finds midwives lacking ethical knowledge despite their apparent confidence in their profession. According to one systematic review, several midwives encountered difficulty defining ethical issues and maintaining ethical sensitivity or awareness.

An alternative perspective held that ethical understanding hinged upon the concepts of right and wrong, which were conceptualised as opposed or points on a continuum (23). This indicates that the education system at the time, particularly regarding ethics education for these present-day midwives, was insufficient to ensure that they had a comprehensive understanding of the concept of ethics and all the potential complications that could arise in hospital settings and with patients. One of the students in the current study cited stressful work environments as one factor influencing staff members' adherence to ethical responsibility. This is corroborated by research conducted in Iran and Malawi, which found that inadequate facilities or substandard facilities, strained professional relationships among staff, ineffective communication, staff shortages, unsuitable nurse-to-patient ratios, heavy workloads, and insufficient staff training in ethics courses all contribute to the formation of stressful environments (24, 25). Therefore, when student midwives seek to expand their knowledge or seek clarification on ethical matters, they may be unable to help or provide additional education, potentially impeding the student's progress and development, even in real clinical environments.

Furthermore, an analysis of the students' responses reveals that they share commonalities in their inability to distinguish beyond essential and straightforward ethical difficulties, including informed consent, privacy, confidentiality, and dignity. The responses provided by the students in this study are uniform, as they primarily address those previously mentioned ethical concerns. The study in Turkey identified several prevalent ethical problems that student midwives face. These concerns included women's protection, choice, and rights, the welfare of women, the right to information, and sexual abuse and decision-making (26). The

ethical concerns articulated in both studies, including informed consent and the right to information, are comparable. Aside from that, the various ethical issues discussed in the Turkish study appear to concern more complex ethical matters than those addressed in this study. This may be the result of cultural and traditional differences, as well as societal receptivity to these subjects. Therefore, based on the students' uniform responses to each question without any variation, there is a glimpse of conclusive evidence that they lack substantial exposure to more complex ethical concerns or issues. This could be attributed to their incapability to recognise these moral concerns, resulting from cultural differences or a dearth of education concerning such issues. This is because ethical concerns are rarely addressed or remarked upon in the classroom, with the predominant emphasis on ethics and its definition (27).

This is corroborated by a study conducted in Korea, wherein participants reached a consensus that a definitive resolution regarding the subjects and lesson plans for these ethics courses remains elusive. Therefore, the lesson plans for these courses undergo revisions annually or so as instructors discern which fundamental subjects to impart to the pupils (28). However, this may also be effective, as a different study from Sweden concluded that as operating environments for healthcare organisations and academic institutions evolve, previously proven effective and emotionally supportive teaching and clinical supervision techniques for midwifery trainees may no longer be sufficient. Therefore, it is imperative to consistently update the curriculum to accommodate the dynamic nature of midwifery services (3).

Meanwhile, most of the students in this study indicated that ethics education had equipped them with the necessary skills to confront ethical concerns in hospital environments. This finding is consistent with studies conducted in Korea and Iran (29, 30). Furthermore, several of the participants in this study expressed that while the ethics course is beneficial, it remains deficient due to the absence of practical scenario-based discussions incorporated into the curriculum, and such sentiment is consistent with a comparable study conducted in Korea (29). Furthermore, their limited experience in confronting such ethical concerns exacerbated their sense of unreadiness in

handling such situations should they arise themselves. Though theoretical courses provide individual students with a basis for critical thinking and value establishment, the benefits become evident during midwifery students' practical care experience when confronted with novel ethical concerns. They can develop their morale, moral knowledge, and comprehension of ethics and ethical issues through their clinical experiences and in-depth reflection (3).

CONCLUSION

It is imperative to prioritise the content addressed in ethics education, which should encompass discussions of practical scenarios. By incorporating this essential element, students can acquire sufficient knowledge and be adequately prepared to address ethical issues in a way that places the patient's best interests first. Additional research into the ethical awareness of student midwives will contribute to the appreciation of the ethical obligation that current midwives must ensure the delivery of ethical care.

LIMITATIONS

One limitation was the restriction of information provided in the interview template when completing an email interview. Thus, the inability to delve further into the responses, as in the case of a face-to-face interview, can result in a superficial discussion in certain circumstances. In addition, there may be a discernible disparity in the experience level possessed by the student midwives participating in this study and those with years of practical experience. Due to the requirement for supervision and the restricted clinical activities of student midwives, they seldom encounter more intricate ethical concerns.

CONFLICT OF INTEREST

The authors declared no potential conflicts of interest regarding this article's research, authorship, and publication.

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AUTHOR CONTRIBUTIONS

NET: drafted the manuscript and contributes to the concept development and design of the article through data collection, analysis and data interpretation for the article.

YZ: revised the manuscript critically with intellectual contents and approved the final version of the manuscript.

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