

Moving towards a model of professional identity formation in midwifery through conversations and positioning theory

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The disciplines of nursing and midwifery both uphold a powerful oral tradition that can impact upon student learning. Students enrolled in a Graduate Diploma of Midwifery are supervised and assessed by midwives during their placements in midwifery practice settings by a program of 'preceptorship' support and where conversations are innate. Positioning theory, developed by Harré and others, is a metaphorical concept in which an individual 'positions' herself/himself within entities of encompassing people, institutions and societies where conversations are conducted either privately or publicly. As construction sites of professional learning, conversations are underpinned by reflective practices.

In unravelling conversations, positioning may be applied as an analytical tool by educators to interpret the emerging meanings and themes in their discussions with students, reflective journals by students and in meetings with preceptors/midwives.

Introduction

In Victoria, Australia, there are various pathways to obtaining the additional qualification of 'midwife' in the Division 1 register of the Nurses Board of Victoria, the regulating authority. They include a Graduate Diploma (pre-masters), or Master's degree, or undergraduate program of Bachelor of Midwifery, or a combined course program of Bachelor of Nursing and Bachelor of Midwifery. The focus of this paper is on students enrolled in a Graduate Diploma of Midwifery. Course entry criteria include that all enrolled students must be registered nurses with at least twelve months' postgraduate experience as a nurse.

Throughout the Graduate Diploma of Midwifery, students are required to undertake placements in midwifery practice settings. Support of students is undertaken in a program known as 'preceptorship'. Experienced midwives provide supervision and assessment of students on their practice placements, and are identified as a 'preceptor/midwife' in this paper.

During these placements, midwives and students work closely together and engage in conversations related to the delivery of care. In midwifery practice settings, students position themselves and others to meet their learning agenda pertaining to course requirements as well as those of the regulating authority, the Nurses Board of Victoria. For students to meet these requirements, they rely upon support from their preceptor/midwife. Embedded in this support are conversations, related to the delivery of care, conducted

in practice settings between the preceptor/midwife and their student. It is claimed that the working relationship between students and their preceptor/midwife contributes to each student's professional learning and their identity formation as a midwifery practitioner (Phillips, Fawns & Hayes 2002).

When working together in the delivery of care, the relationship between the student and the preceptor/midwife is usually dynamic and emotionally intense. This is often related to the care of women, during pregnancy, labour, birth and the time immediately following birth. It is observed by educators that conversations conducted between students and their respective preceptor/midwife provides immense support of students as well as having an influence on their professional learning. Students are encouraged to think about midwifery practices and record their learning experiences in their practice journal as a private method of reflective practice. As a public form of reflective practice, students engage in conversations with their preceptor/midwife, other midwives and other health care providers related to care. Implicit in these conversations is the positioning that students assume in positioning themselves or others to meet their learning needs.

Positioning theory has a place in midwifery education as it facilitates the understanding of meanings and themes that emerge from the important moment-to-moment interactions that occur in practice settings. Conversations have been and continue to be fundamental for students' induction into professional practice and an influence on their professional identity formation as midwives (Phillips 2002). The impact of professional conversations between midwives and students should, therefore, be sanctioned by educators as an essential component of learning (Phillips, Fawns & Hayes 2002). Educators have opportunities to analyse and interpret themes and meanings of the interactions related to midwifery practices in students' reflective practice journals, discussions with students or in meetings with preceptor/midwives.

Ongoing literature searches have been undertaken using sources such as CINAHL, ERIC, Infotrac, Medline and PsycINFO. Key words applied for this search included 'midwifery education', 'midwifery curriculum', 'reflective practice', 'student supervision', 'conversations' and 'positioning theory'.

Positioning theory explained

Positioning theory emerged from the work of Hollway (van Langenhove & Harré, 1999a), who examined positions and gender differentiation, with underpinning theories from social constructionist psychology including Wittgenstein and Vygotsky (Howie & Peters 1996; Gillett & Harré 1994; Davies & Harré 1990). A 'position' is a metaphorical concept in which an individual positions himself/herself according to three social entities encompassing 'people', 'institutions' and 'societies'. It is within each of these entities that discursive practices are conducted either privately or publicly. The notion of position in an institution or society has a more fluid connotation in regard to participation in conversations (van Langenhove & Harré 1999a; Tan & Moghaddam 1995; Gillett & Harré 1994; Davies & Harré 1990). The word 'position', therefore, takes on a specific meaning in regard to standpoints, either on a personal level or as a group representative. Davies and Harré (1999:37) explained that positioning "is the discursive process whereby people are located in conversations as observably and subjectively coherent participants in jointly produced storylines. There can be interactive positioning in which what one person says positions another". The concept of position is manifested by a certain set of rights, duties and obligations as a speaker whereby each episode of everyday life can be seen as the development of a storyline (Gillett & Harré 1994; van Langenhove & Harré 1994). van Langenhove and Harré (1999a) described positioning theory as a tool applied to the analysis of everyday conversations.

The relationship of positioning theory and midwifery education is presented in consideration of the possible range of human behaviours. Students, therefore, work in a close relationship with their preceptor/midwife and are consequently exposed to sociological and psychological contexts, and positioning within practice settings.

Sociological and psychological contexts, and positioning

The sociological and psychological background of midwifery occurs in various practice settings. These settings include, for example, team and/or caseload midwifery and where midwives provide care of women during pregnancy, labour, birth and the time after birth. Students observe and participate in professional practice under the supervision and guidance of their preceptor/midwife whose practice is governed by regulations.

Midwives are accountable and responsible for the delivery of care. They are required to practise within the framework of professional practice according to the requirements of the Nurses Board of Victoria, Australian Nursing and Midwifery Council competencies and guidelines of the professional organisation, and the Australian College of Midwives Incorporated. In addition, midwives are expected to practise within the policies and procedures of the employing organisation.

The literature emphasised the importance of local moral orders or obligations that are implicit within social structures and interactions through conversations (Harré & van Langenhove 1999a; van Langenhove & Harré 1999b; Davies & Harré 1999; Moghaddam 1999; Gillett & Harré 1994). Harré and van Langenhove (1999a) described how two basic principles underpin social constructionism with positioning. The first principle refers to what individuals intentionally do, publicly and privately, and the second to what individuals are to themselves and others as a result of interpersonal interactions developed over a lifetime. Davies and Harré (1999:33) referred to the

“immanentist stance” that makes acknowledgement of conversations conducted within social rules, whereas van Langenhove and Bertolink (1999) emphasised that individuals are responsible for the construction of their social reality.

Social constructionism, as argued by van Langenhove and Bertolink (1999), is crucial for social phenomena to be considered and generated in and through conversations and conversation-like activities. As such, discursive processes are considered to be the place where many, if not most, psycho-social constructions are jointly created (Harré & van Langenhove 1999a). Positioning theory focuses on understanding how psychological phenomena are produced in discourse. The constant flow of everyday life is conducted through discourse into distinct episodes that constitute the basic elements of the social world of midwifery practice settings. A ‘social world’ is also understood to consist of a network of interactions framed within some relatively stable repertoire of rules and meanings.

The notion that the social world is a social construction was developed during the 1970s (Gillett & Harré 1994; van Langenhove & Bertolink 1999). It is within discursive practices that the social world is formed and, according to van Langenhove and Harré (1999a:15), it is “within conversations [that] social acts and societal icons are generated and reproduced”. This means that social actions can be recognised or ‘determined’ by others, whereas some actions may not be understood (indeterminate). A student can, for example, position her/his preceptor/midwife to ask about the care of a woman during childbirth. In response to the student, the preceptor/midwife can draw upon her/his autobiography as an experienced practitioner.

Autobiographical accounts, produced in either public (speech-acts) or private (thoughts), enhance persona development upon which the cooperation of others in discursive practices is critical with many possible outcomes, either positive or negative (Gillett & Harré 1994). Sabat and Harré (1999:93) explained that personas “serve to

create the public impression of a type, a persona or character, from a local repertoire”, demonstrating that personas are typically joint productions. Recognition of a persona may impose profound effects on society or individuals, whereby the persona and related behaviour is open to scrutiny and has the potential to attract appropriate or inappropriate responses or actions by participants. It has been observed that, when students have a comfortable relationship with their preceptor/midwife, they position themselves and their preceptor/midwife in conversations to assist them in their learning needs. If students are intimidated by their preceptor/midwife, they report that they position themselves to maintain minimal contact and conversations with their preceptor/midwife. Harré and van Langenhove (1999a) emphasised that positioning is reliant upon the moral and personal attributes of participants to provide guidelines or rules for discursive practices. Within this context, Harré and van Langenhove (1999a) promoted positioning theory as an analytical tool to facilitate the many and varied institutional discursive processes. Institutional processes within midwifery practice settings encompass societal and cultural influences that impact on the personal identity of midwifery practitioners, as well as for students.

Personal identity

Personal identity is connected with personal agency and is related to the assumed responsibility for actions taken at that particular moment in time (Harré & van Langenhove 1999a; Harré & van Langenhove 1999b). For most midwives in their function as preceptors, personal identity is related to many multifaceted factors such as culture and time. These factors are, however, subjected to change within the parameters of personal and social attributes of discourse in which there are many contradictions and paradoxes.

It has been indicated by students that the personal identity of their preceptor/midwife, does influence them. Students have, for example,

reported that they have observed excellent practices by midwives that they would like to follow and, on the other hand, seen practices that they do not wish to emulate. In either of these instances, the personal identity of the preceptor/midwife has made an influence on the student’s professional identity formation as a midwife.

Personal identity, according to Gillett and Harré (1994), Harré and van Langenhove (1999a) and Sabat and Harré (1999), is to be located in a position and moral order that may be recognised. This may be exemplified when a student assumes accountability for an action to demonstrate their ‘agency’ in midwifery practice, when for example, assisting a new mother in the care of her newborn infant.

An agent is one who exercises a social identity. Archer (1995) pointed out that each person is an ‘agent’ prior to becoming an ‘actor’ because the properties of an agent are acquired. These properties include collective memberships such as gender groups, indigenous, middle or working class groups, which are systems of social stratification and most apt for the practice and social world of midwifery practice. This entity of agency, as described by Archer (1995), is an efficient mediating mechanism for the elaboration of self-identity. Harré and van Langenhove (1999a:7) observed:

There are kinds of identity which we attribute to people, and that we refer to by the use of the word ‘self’. There is the self of personal identity, which is experienced as the continuity of one’s point of view in the world of objects in space and time. This is usually coupled with one’s sense of personal agency, in that one takes oneself as acting from that very same point.

Personal identity is demonstrated in first person indexical applications such as ‘I’, ‘me’, ‘myself’, ‘my’ or ‘mine’ (Harré & van Langenhove 1999a). Through the application of these personal pronouns, an individual can demonstrate responsibility for their own actions (agency), a sense of personal identity and commitment.

An example of a student assuming responsibility is presented in the following:

The woman was a multigravida (more than one child born) who had a daughter, two and half years of age, [born] in Bali before migrating to Australia. Her husband and daughter were present at the labour and delivery [birth] ... I had the opportunity to build a rapport with the woman and her family and establish their cultural beliefs and traditions related to the birth and their birth plan.

In another example, a student explained her experience and acknowledged the support obtained from her preceptor/midwife and how they worked together in the following.

I think as a student you can't have seen absolutely everything you are going to come across in delivery suite [birthing area]. So I mean, you probably have done it all in theory and read through it on occasions out of textbooks. And until you actually see it physically, you can't be sort of a beginner so to speak. But once you actually come across it and so many people up there [delivery suite] are quite happy to actually be with you. I'd say, "I haven't seen this [an experience] before", and they would say, 'Ah, that's fine. Come on, we'll do it together'.

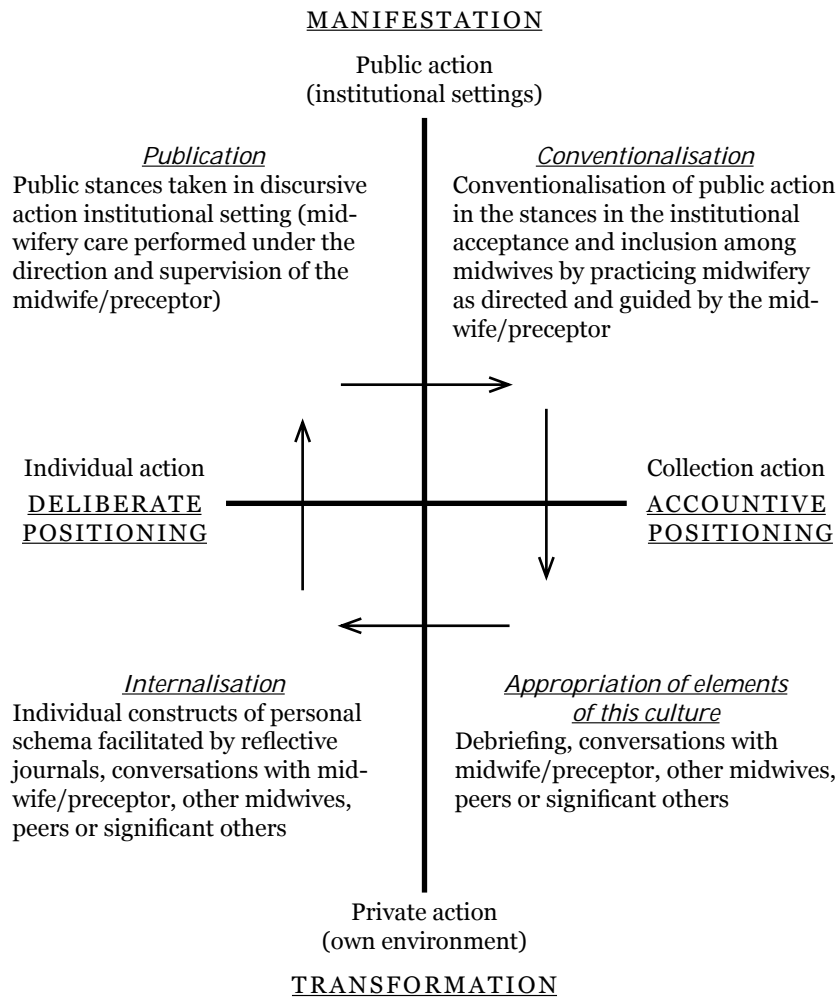
The use of the pronoun 'you' is another frequently used expression that may be applied when an individual applies another persona within a particular context, for reasons that are only known to themselves (Harré & van Langenhove 1999a). Within a culture of 'caring' in midwifery practice, the use of personas such as 'I', 'we' and 'you' demonstrate attitudes and relationships between students, preceptor/midwives, other midwives, childbearing women and their families. The application of the pronoun 'they' is used in everyday conversations. For students, they apply this pronoun to demonstrate to their preceptor/midwife their responsibility and accountability in the delivery of safe practices in midwifery practice settings.

It is emphasised by van Langenhove and Harré (1999a) that there is a need for individuals to have both a personal and professional identity in order to be perceived as complete.

Personal and professional identity formation

Figure 1 provides a schematic cycle of the personal and professional identity formation of students related to their professional learning as a midwife. It begins with the label of 'manifestation' applied to the 'public' and 'private' domains of reflective practice (van Langenhove & Harré 1994). Principal elements within such private interactions include, for example, confidential and individual, such as private thoughts. Public reflection is embedded within professional conversations with peers (singly or within a group), whereas conversations occurring with midwives, including those midwives who function as a preceptor/midwife, are placed within the 'collective'. These underpinning principles have drawn upon Vygotskian theories (Hanfmann & Vakar 1962), whereby public (external) and private (internal) language may impact upon actions that individuals may take following discussion with others (public) or thinking (private) through a problem, which may result in a 'transformation' of understanding.

Figure 1: The social psychological spaces for professional identity formation as a midwife



Adapted from van Langenhove, L. & Harré, R. (1994), 'Cultural stereotypes and positioning theory', *Journal for the Theory of Social Behaviour*, 24(4), p. 365.

Harré (1983:45) observed that “in the private-public dimension, language is understood as a common instrument of representation”. Individuals as agents interpret and respond to the world in a subjective and social manner that is appropriate for them. Harré (1983:42) also argued that “an individual’s linguistic capacities and knowledge of conventions ensures the presence of the many through the persistence of collective conventions and interpretations of what can be thought and planned”.

Positioning may be applied when an individual deliberately engages in positioning himself/herself or others to achieve a course of action; for example, by using a practice opportunity to enhance learning in midwifery settings. Accountive positioning of oneself pertains to, for example, a student reporting care to a midwife (van Langenhove & Harré 1999b). The cycle shown should not be assumed to operate in one direction only. There can be movement in either direction for public and private actions, and deliberative and accountive positioning. These actions should be considered as a dynamic cycle of learning that is appropriated and adapted from experiences in practice settings. As an outcome of this cycle, students can construct their knowledge from their experiences either privately (thoughts) or publicly (conversations) to influence their professional learning and identity formation supported through reflective practice. This is in particular reference to a model of professional development by Benner.

Benner's model and reflective practice

Benner’s five phenomenological stages of reflective practice give the best foundation in practice settings (Benner 1984; Benner, Tanner & Chesla 1996). In an exceptionally creative and widely influential process, Benner categorised the professional practice of nurses according to a skill acquisition model comprising five stages developed by Dreyfus and Dreyfus (Benner 1984). The five stages

include novice, advanced beginner, competent, proficient and expert levels based upon the narratives of newly qualified and expert nurses which captured their clinical and ethical judgements (Benner 1984). These experiences and comprehensions of nurses were related to their practice knowledge and development of their professionalism. Intrinsic to Benner's work is the facilitation of experiential learning by public and private reflective practices in practice environments where conversations were fundamental. The Benner model continues to be a point of reference in contemporary professional practice for midwives in terms of the preceptor support required for students. Students are allocated a preceptor/midwife who is considered by peers to be 'competent' or above in accordance with Benner's model.

The support by each preceptor/midwife usually is designed to encourage professional conversations around identified student learning needs. These conversations allow students to externalise thinking skills and to develop logical and well thought-out points of view (Yost, Sentner & Forlenza-Bailey 2000). Within this context, the preceptor/midwife can play a key role in the process of guided reflection on practice. Johns and McCormack (1998:64) found that "reflection-on-experience provides the supervisor with rich feedback on practitioner performance and effectiveness, although this information depends on the extent of the practitioner's disclosure". It is acknowledged that reflective practice is imperative for student learning. Together, reflective practice and positioning can provide a translation of students' actions in midwifery practice settings.

Reflexive positioning

Davies and Harré (1999) referred to reflexive positioning as the process by which some students position themselves privately (thoughts) or through internal discourse. This is intended to promote both intentional and unintentional positioning leading to the production of storylines. It also influences an individual's

local moral capacity and personal attributes to influence speech acts (Harré & van Langenhove 1999b; Tan & Moghaddam 1995). According to Moghaddam (1999), reflexive positioning is a pragmatic process because there are various mechanisms to produce one's autobiography. Likewise, it is conceded that there can be many diverse situations in midwifery practice that lead to the types of positioning that students engage in.

Several types of positioning have been identified by van Langenhove and Harré (1999a: 20–23) who explained 'modes of positioning theory', summarised in the following:

- first order positioning (refers to the way an individual locates herself or himself and others)
- second order positioning (occurs when the first order positioning is questioned and has to be negotiated), must be intentional
- Third order positioning (occurs when accountive positioning occurs outside the initial discussion), must be intentional
- Performative and accountive positioning (refers to one's own or others' conflation)
- Moral and personal positioning (positioning with regard to the moral orders in which they perform social actions)
- Self and other positioning (positioning constitutes the initiator and others in certain ways, and is also a resource through which all persons involved can negotiate new positions)
- Tacit and intentional positioning includes three typical kinds of positioning talk: (a) the positioning assumed by individuals, how they position others and are positioned by others; (b) discursive practices in which the first kind of positioning becomes a topic or target; and (c) discursive practices in which the positioning-talk has as a topic first or second order positioning.

Students usually apply these types of positioning in their conversations with midwives to influence their professional learning and shape their identity formation as a midwife.

Discussion

The notion of professional conversations, related to midwifery practice settings, also encompass factors such as power, technology, physical environment and institutional bureaucracy. These factors are normally considered by midwives to be part of the 'routine' within institutional practices of maternity services, usually within the large organisational structures of health services. Structures include institutional behaviour and dynamics that influence the structure of students' psychology through rules, policies and procedures such as those in midwifery practice settings, and predispose their professional identity formation.

Institutional practices, societal rhetoric and discursive positioning also facilitate a dynamic social structuration through language, rules and signs that all contribute to a reproduction of culture that is often unpredictable and fraught with inexplicable interpretations. Ratner (2000), a cultural psychologist, stated that all individuals subjugate their conscious or unconscious individuality to the group or work unit and act as cultural agents through their expressions of significant opinions and viewpoints. It is through conversations, however, that potent words and powerful sentences serve to either change or maintain a social world (Harré 1976). Midwifery practice is a social world in which cultural practices are changed and maintained in conversational relationships. They are acknowledged, by both midwives and students alike, to be both powerful and influential in their professional learning.

Positioning is, therefore, a tool for analysing the dynamics of conversations from emerging themes, patterns of social acts and storylines (Harré 2005). It can be employed to identify any student learning issues related to practice placements so that additional support can be provided. The application of positioning is to achieve positive outcomes for students related to their professional development and the attainment of the additional qualification

of 'midwife'. Professional conversations are the construction sites for students' professional identity formation based on their induction into midwifery and learning experiences. The preceptor/midwife must have information and an understanding of the course curriculum and its requirements so that there is effective conversational support required for the supervision and guidance of students in practice settings.

Conclusion

The professional identity formation of a midwife begins to grow and develop due to the everyday conversations conducted between students and their preceptors/midwives in practice settings. It is important that preceptors/midwives fully engage in these conversations with students as their professional identity formation is dependent upon the dynamic interrelationships and moment-to-moment interactions of these conversations. Students elect to position and re-position themselves or others in conversations to enhance and fully exploit their experiential learning. In this context, positioning theory serves as an effective tool for analysing social episodes that typically embody midwifery practice and education.

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Educational policies and problems of implementation in Nigeria

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The poor performance of the education sector in Nigeria has become very worrisome. What is the problem? Is the educational policy faulty or is it the implementation that is faulty? What are the implications for national development? These are the issues explored in this paper, based on a literature review approach. The findings blame the distortions in the educational system on the ineffective implementation engendered primarily by lack of political will, lack of continuity of programs, and corruption. The situation has hindered national development and, until urgent action is taken to review Nigeria's educational system, its national aspirations will continue to be compromised. The paper recommends the discontinuation of the National Policy on Education fashioned after the American system and the adoption of the model practised by Asian countries such as Japan, China and India which takes the culture of the people into consideration. In addition, the