

ORIGINAL PAPER

Preceptors' perceptions and experiences of clinical birth education: a qualitative study

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Abstract

Aim: This study aimed to explore preceptors' perceptions and experiences of clinical birth education. **Design:** A qualitative descriptive design was employed. **Methods:** The study involved 22 preceptors engaged in clinical birth education. Data were collected through semi-structured interviews and analyzed using conventional content analysis. **Results:** Analysis revealed four overarching themes: (1) causes of fear, (2) sources of motivation, (3) deficiencies in clinical midwifery education, and (4) characteristics of high-quality education. **Conclusion:** Optimizing clinical learning in birth wards requires effective management of students' emotions and the enhancement of their motivation. Addressing deficiencies, improving the clinical learning environment, and selecting qualified preceptors – supported by targeted preceptorship training are critical to advancing the quality of birth education.

Keywords: birth education, clinical education, midwifery, preceptor.

Introduction

Ensuring a sufficient number of midwives and obstetric nurses to meet societal needs is a priority within the Sustainable Development Goals (SDGs) of many countries (Day-Stirk et al., 2014; World Health Organization [WHO], 2019). Consequently, both the number of midwifery and obstetric nursing education programs and student enrollment in these programs have increased (Day-Stirk et al., 2014). However, simply increasing the number of healthcare professionals is insufficient to improve health outcomes; the quality of care must also be enhanced (Day-Stirk et al., 2014; WHO, 2016).

The quality of education provided to midwives and obstetric nurses – professionals who play a critical role in delivering safe, high-quality, and effective healthcare – has been reported to vary both within and across countries (Castro Lopes et al., 2016; Filby et al., 2016). In 2013, the World Health Organization (WHO) called on health professional schools to comply with global educational standards, prompting revisions to midwifery and obstetric

nursing curricula to incorporate competency-based frameworks and defined qualifications (American College of Nurse-Midwives [ACNM], n.d.; Thompson et al., 2011; WHO, 2016). Although graduation criteria for midwifery education programs have been established, the absence of robust accreditation mechanisms has hindered the achievement of contemporary, globally recognized standards (Castro Lopes et al., 2016; WHO, 2013).

In Turkey, midwifery and nursing education are offered as separate four-year university programs; midwifery education does not require prior nursing training. Clinical learning environments in obstetrics are shared by both midwifery and nursing students.

Turkey ranks last among all member countries of the Organization for Economic Co-operation and Development (OECD) in the number of midwives and nurses per 100,000 population (OECD, 2019). In response, new midwifery and nursing departments have been established, and student enrollment in these programs has increased (Republic of Turkey Ministry of Health, 2018). However, these expansions have been accompanied by shortages of faculty and clinical learning environments (Kocatürk, 2017).

Midwifery practices – grounded in evidence, ethical principles, and professional regulations – are

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primarily acquired through observation and hands-on experience (ACNM, n.d.; WHO, 2019; Yoruk, 2012). As a result, clinical professionals are called upon to support educational processes in practice settings. In Turkey, this role is fulfilled by preceptors, who provide guidance and supervision during clinical training.

Although research on preceptors' experiences is limited, existing studies indicate that the quality of clinical education is influenced by the characteristics of the clinical learning environment, the nature of student–preceptor relationships, and the educational support provided by preceptors (Bradshaw et al., 2019; Brunstad & Hjälmhult, 2014; Lukasse et al., 2017).

Preceptors play a key role in helping students develop self-confidence, self-efficacy, and clinical competence, as well as in addressing gaps in their theoretical knowledge (Jordan & Farley, 2008). However, they may face significant challenges when facilitating learning in high-intensity clinical environments, such as birth wards, where close monitoring, emergency interventions, and rapid decision-making are required. These settings contain numerous stressors that can either hinder or support student learning. For example, a strong student–preceptor relationship in the birth ward can serve as a source of eustress, enhancing learning, whereas public criticism in front of patients can be a source of distress, lowering students' self-confidence and even being perceived as verbal abuse (Brunstad & Hjälmhult, 2014).

To foster an effective clinical learning environment, preceptors need well-developed clinical problem-solving skills, the ability to manage students in settings with heavy workloads, and a solid understanding of the principles of adult education (Barker & Pitman, 2010; Embo et al., 2014; Merriam & Bierema, 2014; Weitzel et al., 2012). The integration of theoretical knowledge into clinical practice must also be carefully structured, with both faculty and preceptors sharing responsibility for this process.

Although previous studies have highlighted the importance of preceptor midwives in educational processes, none have specifically examined the experiences of preceptors involved in birth education – a central component of midwifery training. Gaining a deeper understanding of preceptors' perceptions and experiences in the birth ward context can inform improvements in clinical education for midwifery students. Such insights may benefit both preceptors and faculty

members by supporting the development of more effective educational strategies.

Aim

This study aimed to explore preceptors' perceptions and experiences of clinical birth education. Research question: What are the perceptions and experiences of preceptors regarding clinical birth education?

Methods

Design

This study employed a qualitative descriptive design. Such an approach is valuable for eliciting rich and often unexpected insights when there is insufficient in-depth information to fully understand a phenomenon (Bradshaw et al., 2017; Turale, 2020). Accordingly, this design was selected to gain a comprehensive understanding of preceptors' perceptions and experiences regarding clinical birth education.

Sample

The study included 22 preceptors. Inclusion criteria were: (1) working as a midwife in a birth ward for at least five years, and (2) serving as a preceptor in clinical birth education within the midwifery department at Mersin University. In qualitative research, sampling is typically continued until data saturation is reached – when the same concepts recur and no new insights emerge (Holloway & Wheeler, 2002). In this study, enrollment continued until saturation was achieved, resulting in a final sample of 22 preceptors.

The participants had a mean age of 34.6 years. On average, they had 13.91 years of professional experience and 8.54 years of experience working in the delivery room.

Data collection

Data were collected in September 2019 using two tools: a socio-demographic characteristics form and a semi-structured interview guide (Miles et al., 2014). All interviews were conducted in Turkish, face-to-face, in a quiet room, and were audio-recorded by the first author, who had prior training and experience in qualitative interviewing. There was no pre-existing relationship between the interviewer and participants.

Each interview began with a broad, open-ended question and proceeded with more specific prompts aligned with the study objectives. Data collection continued until data saturation was reached – that is, no new themes or concepts emerged (Bradshaw et al., 2017).

To ensure confidentiality, each transcript was assigned a numerical code, and only the interviewer had access to identifying information. Interviews lasted an average of 16.29 minutes (range: 9.00–27.23 minutes).

Data analysis

All interviews were transcribed verbatim by the second author following completion of the interviews. Adopting a phenomenological perspective, the data were analyzed using a structured, collaborative thematic analysis. An inductive approach – characterized by repeated, systematic, and collaborative examination of transcripts – was employed to identify themes and subthemes (Newell & Burnard, 2011).

The analysis followed the six-step process outlined by Braun and Clarke (2006). First, transcripts were read line by line to identify meaningful expressions, which were assigned open codes. Expressions with similar content were labeled with the same or closely related codes. Coding was conducted independently by multiple members of the research team, after which codes were compared and consensus was reached.

Codes were then grouped according to content similarities and conceptual proximity, and these clusters were merged into broader, high-level concepts to generate themes. Representative quotations were selected to illustrate each theme and are presented in Figures 1–5.

The trustworthiness of the qualitative data was established according to the criteria of credibility, dependability, confirmability, and transferability (Houghton et al., 2015; Lincoln & Guba, 1985).

Credibility was enhanced by transcribing audio recordings within one week of the interviews and conducting participant feedback checks. When any expression was unclear, the preceptor was asked to clarify and confirm their intended meaning during the following week.

Dependability was ensured through independent transcription and data organization by two researchers, followed by separate coding and subtheme development. These subthemes and their links to the data were reviewed multiple times before being merged into overarching themes (Figure 1).

Confirmability was supported by an independent qualitative research expert, not involved in the study, who reviewed the transcripts, codes, subthemes, and themes to verify that interpretations were grounded in the data.

Transferability was addressed by including numerous illustrative quotations from preceptors on clinical birth education, providing a detailed description of participant characteristics, and employing maximum variation sampling.

Results

Data analysis yielded four main themes: (1) Causes of fear, (2) Sources of motivation, (3) Deficiencies in clinical midwifery education, and (4) High-quality education (Figure 1).

The first theme, Causes of fear, comprised eight subthemes: (1.a) fear of childbirth, (1.b) preparedness, (1.c) information overload, (1.d) high expectations, (1.e) malpractice, (1.f) fear related to midwives / faculty, and (1.g) rejection or exploitation anxiety (Figure 2).

The second theme, Sources of motivation, included four subthemes: (2.a) sense of belonging, (2.b) self-confidence, (2.c) criticizing, and (2.d) rewarding. A sense of professional belonging, reflective discussions following clinical practice, enhanced student self-confidence, and positive reinforcement were found to be important motivators that influenced students' behaviour and attitudes during clinical education (Figure 3).

The third theme, Deficiencies in clinical birth education, comprised four subthemes: (3.a) deficiencies related to learners and the faculty, (3.b) deficiencies related to the learning environment, (3.c) organizational deficiencies, and (3.d) deficiencies related to regulations or the broader system. Preceptors identified several factors that reduced the quality of learning, including limitations in learners' and faculty members' preparedness, inadequacies in the clinical setting, organizational shortcomings, and systemic or regulatory constraints (Figure 4).

The fourth theme, High-quality education, included two subthemes: (4.a) factors supporting high-quality education and (4.b) barriers to high-quality education. Preceptors highlighted a range of elements that could enhance or hinder the quality of clinical education, stressing that improving preceptors' professional qualifications is essential for ensuring effective learning experiences (Figure 5).

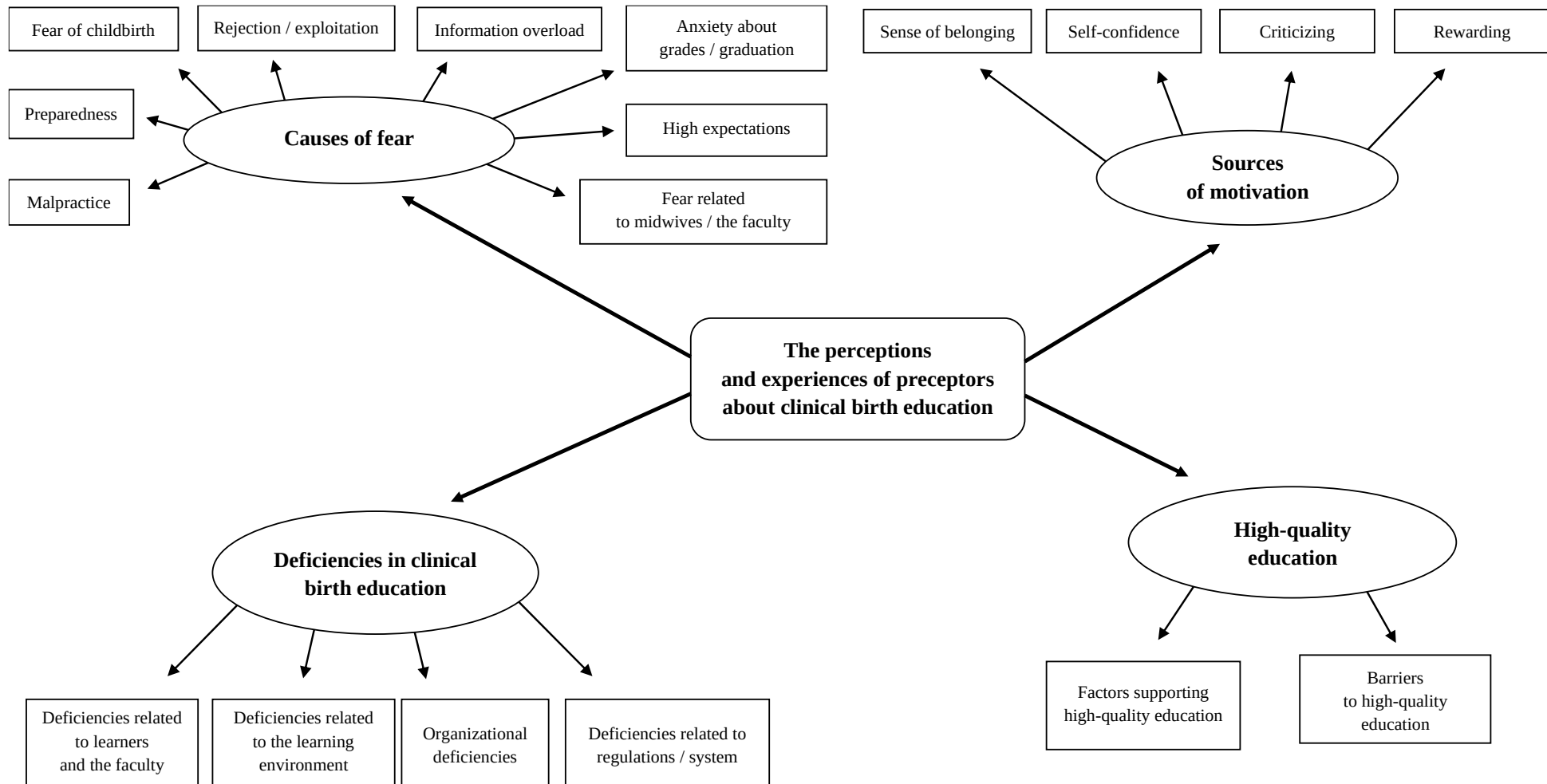


Figure 1 Theme four about the perceptions and experiences of preceptors about clinical birth education

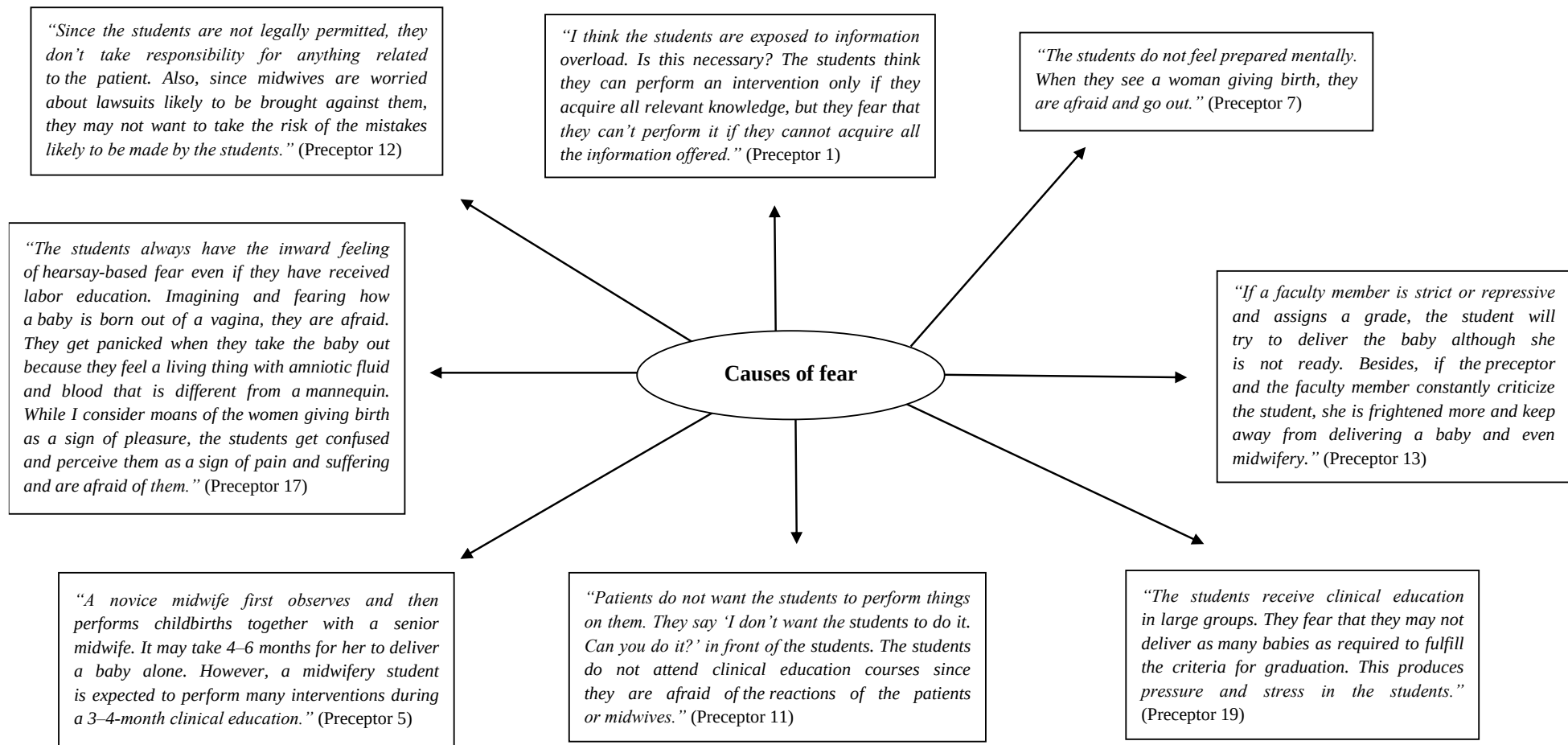


Figure 2 The views on the main theme of causes of fear

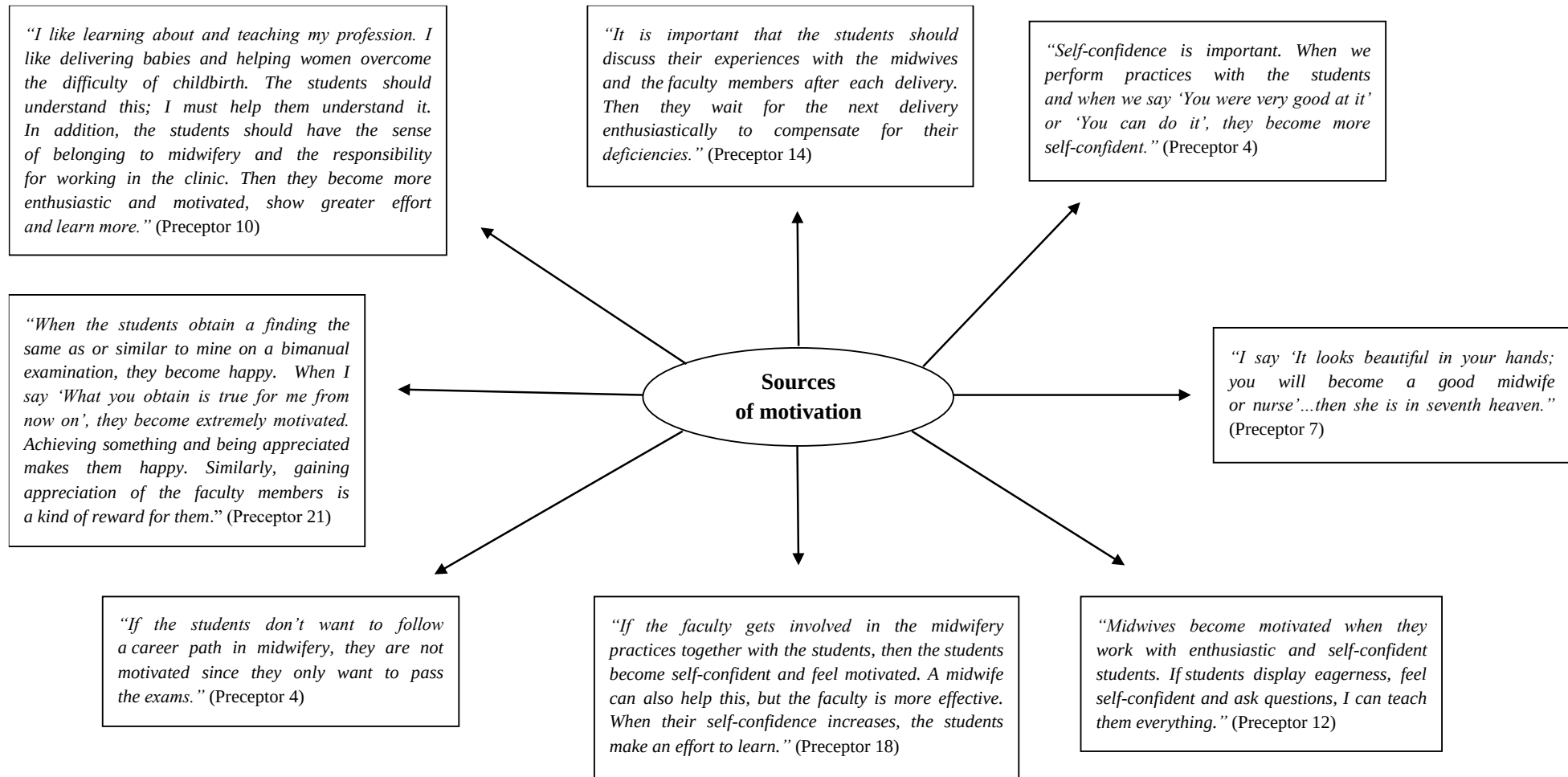


Figure 3 The views on the main theme of sources of motivation

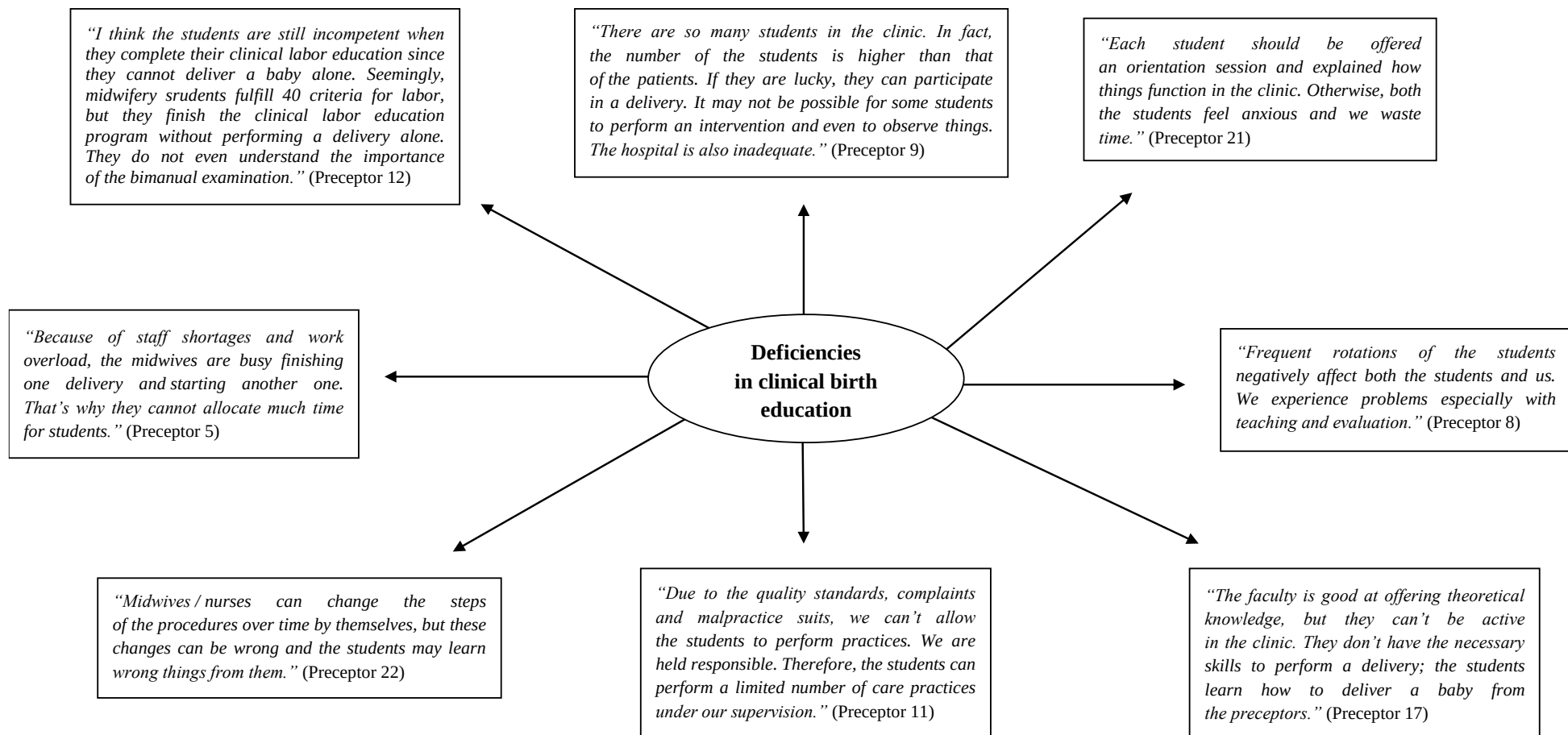


Figure 4 The views on the main theme of deficiencies in clinical birth education

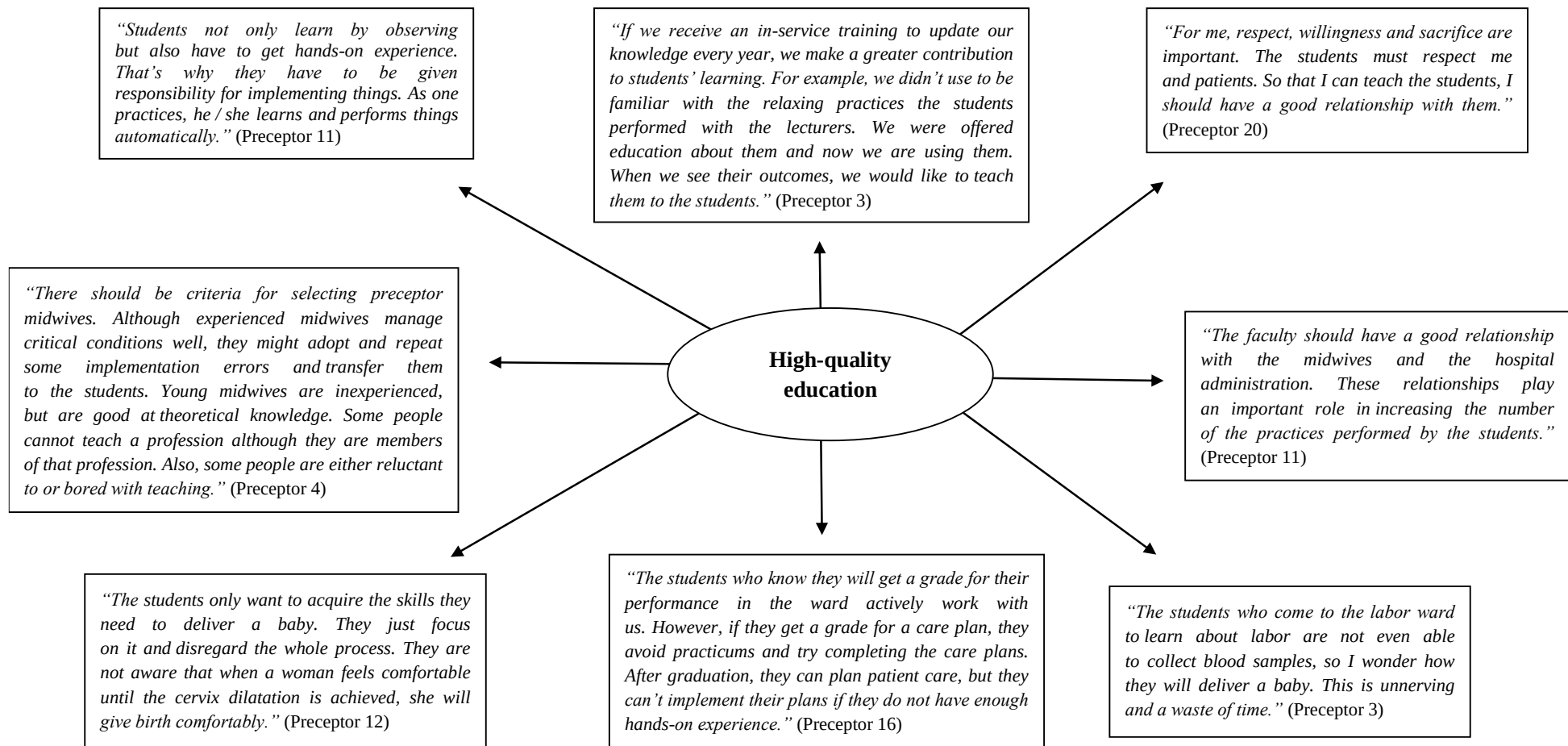


Figure 5 The views on the main theme of high-quality education

Discussion

This study explored the perceptions and experiences of preceptors working in a birth ward, focusing on their roles in supporting, supervising, and evaluating the clinical birth education of midwifery students at a university in Turkey. The findings revealed that students frequently experienced fear of childbirth for various reasons, and that this fear influenced their perceptions and behaviors when witnessing a real birth. Previous research indicates that students' emotional states directly affect their motivation to learn (Hanifi et al., 2018). Studies have also shown that birth-related trauma among students can originate during their clinical training (Coldridge & Davies, 2017; Davies & Coldridge, 2015).

According to the literature, many students are unprepared for the reality that a “normal” birth can be complex. They may struggle to view birth as a physiological process, to manage the responsibilities entrusted to them, and to regulate their own emotional reactions. In addition, students often express fear regarding both the interventions performed during delivery and the independent responsibilities of the midwifery role (Coldridge & Davies, 2017; Davies & Coldridge, 2015; Davison et al., 2018; Keser Özcan et al., 2019).

To foster positive perceptions of birth, students should receive adequate preparation before their first delivery room experience. Simulation-based training prior to clinical placement can serve this purpose effectively. Furthermore, having an experienced individual – such as a trainer, senior student, or seasoned midwife – accompany students during their initial delivery room practice can help reduce anxiety and support a more constructive learning process. For this reason, students' first encounters with the delivery room should be carefully planned and structured (Pajohideh et al., 2023; Rüzgar & Çeber Turfan, 2025). Structured educational models have been shown to positively influence students' perceptions of birth and to enhance the quality of clinical education (Onat, 2017).

It is therefore essential to adapt midwifery curricula to address birth-related perceptions and to promote more positive attitudes. Faculty and preceptors should acknowledge students' fear of childbirth and provide opportunities for them to express their emotions. As emphasized by childbirth educators, students need to be mentally and emotionally prepared for this experience (İsbir et al., 2023). Those who are unable to overcome their fears should be offered psychoeducational programs

and professional support as early as possible to help them develop effective coping strategies.

Providing high-quality education should be the central objective of midwifery training, with student motivation as a key contributing factor. In the clinical learning environment, motivation is shaped by a range of influences, including psychological state, perceptions, beliefs, personal characteristics, prior experiences, social and professional interactions, and career aspirations of both students and the professionals they work alongside (Hanifi et al., 2018). Previous research has shown that negative attitudes or behaviors from healthcare professionals towards student midwives can significantly reduce their motivation to enter the profession (Bayrı Bingöl et al., 2020).

In the present study, several factors were identified as influencing student motivation, including a sense of belonging to the midwifery profession, self-confidence, opportunities for discussion with faculty and preceptors, supportive relationships with preceptors, and positive reinforcement. The literature confirms that working alongside a mentor in clinical practice enhances both self-confidence and professional competence (Rüzgar & Çeber Turfan, 2025).

Since clinical education is inherently dependent on the learning opportunities available in clinical settings, student motivation is crucial for maximizing these opportunities. Motivation can be strengthened through strategies tailored to students' individual characteristics and needs (Hanifi et al., 2018). Based on the findings of this study, preceptors are encouraged to implement motivation-enhancing strategies, such as orientation sessions prior to clinical placement.

The preceptors in this study reported that students often struggled to adapt to the clinical environment, which hindered their learning. Structured orientation sessions could address this challenge by familiarizing students with the physical setting, explaining clinic operations, and facilitating early interaction with clinical staff. Such preparation may help students feel more comfortable, engaged, and ready to learn.

In this study, preceptors emphasized the need for a clear selection process based on defined criteria and the provision of structured training for clinical teaching. Previous research highlights that preceptors should demonstrate a supportive and encouraging attitude, along with strong interpersonal communication skills (Brunstad & Hjälmhult, 2014; Ismail et al., 2016; Thunes & Sekse, 2015). Accordingly, it is recommended

that faculties appoint qualified, motivated, and experienced midwives or nurses as preceptors, ensuring they possess these essential skills.

Training for preceptors should include the delivery of updated clinical knowledge, mentorship skills, strategies to prepare students for clinical education, realistic goal-setting, the creation and enforcement of effective rules, motivation-enhancing approaches, student performance evaluation, constructive feedback, and coping mechanisms for challenges (ACNM, n.d.; Bradshaw et al., 2019; Dyer & Latendresse, 2016; Logan et al., 2015).

Preceptors in this study expressed concern that students often graduate without fully achieving educational objectives or attaining professional competence. However, these expectations may be unrealistic, as students are novices in skill acquisition within the health professions and typically progress through the stages of observation, modelling, and imitation during training (Benner, 2004). Although clinical placements in high-workload settings may not fully meet expectations, they can still provide challenging experiences that foster skill development and help students approach their learning goals (Dyer & Latendresse, 2016).

Midwifery is inherently complex and demanding, yet a welcoming atmosphere in birth wards has been shown to positively influence learning (Brunstad & Hjälmhult, 2014). While students often experience elevated stress during clinical birth education, moderate stress – or eustress – can enhance problem-solving, coping abilities, and error prevention (Cavanagh & Snape, 1997). In this study, however, excessively high expectations were linked to student fear and avoidance.

Preceptors should therefore focus on guiding students toward becoming competent and reliable practitioners, making all educational decisions with this aim in mind (Bradshaw et al., 2019). Unrealistic demands can undermine self-confidence, motivation, and professional identity, leading to fear, anxiety, burnout, and, in some cases, withdrawal from the program or the profession entirely.

Several factors hinder the provision of high-quality education. In this study, preceptors noted that insufficient laboratory classes at schools negatively affected clinical education and that the large number of students in clinical settings limited opportunities to compensate for this deficit. Similarly, midwifery faculty members frequently report challenges such as high student-to-staff ratios and inadequate physical infrastructure and practice facilities (Güner et al., 2015; Koçak et al., 2017).

Simulation laboratories, compared to traditional clinical environments, have proven particularly effective for perinatal practices and the acquisition of vaginal delivery skills. They also positively impact maternal and neonatal health outcomes. Therefore, universities should invest in appropriate equipment and resources to train competent midwives who can contribute significantly to health promotion (Demirgöz Bal et al., 2019; Vermeulen et al., 2017).

Currently, simulation-based training is increasingly integrated into midwifery education and has demonstrated effectiveness in developing a wide range of skills, including management of rare and critical conditions (Bogossian et al., 2012; Cooper et al., 2012; Demirgöz Bal et al., 2019).

In the current study, midwives reported that the high number of students per preceptor negatively affected the quality of clinical education and posed risks to patient safety. Literature indicates that the typical ratio is about ten students per faculty member and ranges from 16 to 24 students per preceptor (Texas Board of Nursing, 2013). At the birth ward where this study was conducted, midwifery and nursing students from multiple universities receive clinical birth education. Although the planned student-to-preceptor ratio is 2–4, this number often increases due to the presence of students from other institutions. This situation limits supervised skill acquisition opportunities and adversely affects the learning experience.

Despite coordination efforts between the hospital and universities, this issue remains unresolved because of the shortage of clinical learning environments. The problem might be alleviated when the number of practicing midwives meets national demand and midwifery student enrollment decreases. Until then, increased use of simulation laboratories could serve as a viable alternative.

The high number of students also raises concerns regarding patient safety. Malpractice lawsuits have been increasing, prompting Turkey to implement precautions against incorrect practices (Turkmen & Ekti Genç, 2017). Although regulations exist concerning the rights, responsibilities, authorization, and liabilities of preceptors, a specific midwifery law has yet to be enacted (Karaçam, 2016). This legal gap may contribute to preceptors' feelings of insecurity, leading them to avoid allowing students to perform midwifery procedures.

Clinical education primarily focuses on applying theoretical knowledge and laboratory-acquired skills to real patients. However, technical interventions represent only one aspect of midwifery care

management, which requires time and experience to master. Throughout clinical education, students should be encouraged to observe comprehensively, recognize diverse conditions and practices, think critically, acquire evidence-based knowledge, and integrate it into practice. Nonetheless, students must engage in midwifery interventions to meet graduation requirements. These interventions should always be performed under the supervision of preceptors or faculty, with informed patient consent and ensured patient safety. Importantly, students must be fully informed about these requirements before beginning clinical education.

Limitation of study

This study was conducted in a well-equipped hospital with favorable physical conditions. Including preceptors from hospitals with limited equipment and poorer infrastructure might have yielded different insights. Additionally, the data collected were limited to participants' verbal expressions. Future research should incorporate field notes capturing facial expressions, body language, and direct clinical observations to provide a more comprehensive understanding.

Conclusion

An effective clinical education process is essential for midwifery education. Birth education, as a key component, enables students to acquire the fundamental knowledge and skills necessary for childbirth care and depends heavily on well-managed clinical education. This study revealed the perceptions and experiences of preceptors involved in clinical birth education. Findings showed that students' fear of childbirth arises not only from prior life experiences but also from the attitudes of faculty members, preceptors, midwives, and patients during clinical training. Factors such as professional belonging, self-confidence, positive reinforcement, effective interpersonal communication, and opportunities to discuss learning outcomes were highlighted as more important for student motivation.

Moreover, deficiencies in the knowledge, awareness, and skills of both students and faculty, as well as limitations in equipment, organization, and regulations, negatively impacted clinical birth education. Midwives have a professional responsibility to participate actively in educating students by creating learning opportunities, supporting students through challenges, and guiding their emotional adjustment to facilitate learning.

Faculty and preceptors should collaborate to design and implement effective clinical learning plans that set realistic expectations and provide timely, appropriate feedback. Organizational-level issues related to infrastructure and regulatory frameworks must be addressed through cooperation among universities, policymakers, and health institutions to ensure a supportive clinical learning environment.

Ethical aspects and conflict of interest

Ethical approval for this study was obtained from the University of Mersin Ethics Committee (Approval No: 2018/278, dated 27 June 2018). Written permissions were also secured from the city health directorate and the hospital where the preceptors worked. All preceptors received detailed information about the study's purpose, and their informed consent was obtained prior to participation. The authors declare no conflicts of interest.

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Author contributions

Conception and design (GGI, MAB), data analysis and interpretation (GGI, MAB), manuscript draft (GGI, MAB), critical revision of the manuscript (GGI, MAB), final approval of the manuscript (GGI, MAB).

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