



Midwifery students' experiences of their clinical internship placement during the COVID-19 pandemic in Ireland: A qualitative descriptive study

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ABSTRACT

Objective: To explore the impact of the COVID-19 global pandemic on midwifery students' experiences of clinical internship placement in the final year of their midwifery programme.

Design: A qualitative descriptive study was conducted following ethical approval. Four online focus groups were facilitated.

Setting and participants: To prepare for autonomous practice, BSc Midwifery students in the Republic of Ireland (RoI) undertake a 36-week internship in the final year of their programme. Midwifery students ($n = 15$), from one Higher Education Institute (HEI), who were undertaking internship across two clinical practice sites volunteered to participate in the study.

Findings: Four overarching themes were identified: Fear and uncertainty of internship in the context of a pandemic, Consequences of COVID-19 within the clinical environment, Student supports, Opportunities and challenges during internship. Working within a health care environment dominated by the presence of COVID-19 had significant consequences for the students and their provision of care for women and families. Students were challenged with managing increased responsibility within the context of COVID-19 practice requirements and restrictions. Students balanced their need to progress to autonomous practice, whilst acknowledging their needs as learners. COVID-19 also brought unexpected benefits, which included enhancing students' ability to develop relationships with women in their care, and students described a sense of belonging within the midwifery team.

Key conclusions and implications for practice: Midwifery students identified internship, during the COVID-19 pandemic as challenging and stressful. However, students also portrayed a sense of pride in their achievements. Support structures assisted students to cope during this period which included peer support, protective reflective time (PRT) in the HEI and support from clinical placement coordinators in midwifery (CPC-Midwifery) within clinical placements sites. It is essential that these support structures continue within midwifery educational programmes. Promoting peer support in a more formal support structure may need consideration. These support structures need to be protected and enhanced during unprecedented times, such as the COVID-19 pandemic.

Introduction and background

Clinical practice experience is an integral component of midwifery registration education programmes and is crucial in preparing midwifery students to become safe, competent, kind, compassionate practitioners (Nursing and Midwifery Board of Ireland (NMBI), 2016). Throughout the four-year BSc Midwifery education programme in the Republic of Ireland (RoI), students complete clinical competency placements. In their final year, midwifery students undertake a 36-week

clinical internship during which they develop their problem solving, decision making and analytical skills (NMBI, 2016). All of which are considered vital for the translation of theoretically acquired knowledge into midwifery practice (O'Brien et al., 2017; O'Brien and Graham, 2020). Internship facilitates the professional socialisation of the midwifery student into the role of the registered midwife in the clinical environment (Carolan, 2013) and significantly contributes to competent, confident practitioners at the point of registration (Bradshaw et al., 2018). Midwifery students in Sweden have likewise identified the

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internship period as increasing self-esteem and confidence in clinical practice (Zwedberg et al., 2020). It is this confidence and competency in midwifery practice that has a significant impact on pregnant women's clinical outcomes and birth experiences (Bäck et al., 2017; Bäck and Karlström, 2020). However, midwifery students have also identified internship as a stressful time, accentuated by caring for women presenting with increasingly complex needs with the added challenge of meeting academic deadlines (Bradshaw et al., 2018). A variety of supports are required to facilitate an optimum internship experience for midwifery students (Bradshaw et al., 2018; Zwedberg et al., 2020). Swedish students for example perceived preceptors as crucial role models for learning in the clinical setting. Whereas, students learning experience was considered suboptimal when preceptors were not engaged or appeared insecure regarding their own knowledge (Zwedberg et al., 2020).

More recently (2020–2022), fourth year midwifery students have had to contend with completing their clinical internship placement in the midst of a global pandemic. During this unprecedented public health emergency, internship midwifery students formed a valuable part of the maternity workforce, whilst also contending with academic and personal challenges. The pandemic brought additional changes to midwifery students' lives as they adjusted to online education programmes whilst also having to meet the clinical components of their programmes in an extremely challenged clinical environment. Changes in health care provision was also necessary to manage increasing infection rates and admissions to intensive care units. Maternity care provision in Ireland adapted to respond to directives and advice from the Chief Medical Officer and the National Public Health Emergency Team (NPHE) (Casey et al., 2021). Changes to maternity care provision included restricted visitor number to hospital wards and neonatal intensive care units, reduced number of antenatal visits with increased online consultations (Renfrew et al., 2020; Smith et al., 2021a, 2021b).

Throughout the pandemic, midwives were considered 'essential workers' or 'core professionals' responding to the public health emergency (González-Timoneda et al., 2021). The challenges of COVID-19 caused disruption in maternity service provision with midwifery staff contending with the evolving nature of the virus, staff shortages due to COVID-19 related illness and workload increases. Healthcare workers were vulnerable during this time due to exposure to the virus, which impacted considerably on midwifery practices and maternity care (Kuliukas et al., 2021; Bradfield et al., 2022). The pandemic impacted not only on healthcare professionals but also on women and their families (Kuliukas et al., 2021; Sweet et al., 2022). Enforced public health measures such as exclusion of birth partners and reduction in personal contacts resulted in increasing levels of stress for women and their families (Horsch et al., 2020). Despite these challenges, midwives maintained their commitment to the development and progression of midwifery student education in tandem with safe care provision.

The pandemic has significantly influenced the experience of transition from student to registered nurse or midwife (Cunningham and Mooney, 2021). Thus, it is important to investigate the experiences of student midwives who have undergone this transition during the COVID-19 pandemic. Exploring student midwives' experiences of clinical internship provides an understanding of how students navigated their clinical experiences and how the pandemic affected their experiences. This knowledge will help identify good practice that promotes student learning and identify possible support structures for students in their transition from student to registered midwife. The aim of this study therefore is to explore the impact of the COVID-19 pandemic had on midwifery students' experiences of the clinical internship placement in the final year of their midwifery programme in one Higher Education Institute (HEI) in RoI.

Methods and methodology

Study design

A qualitative descriptive study utilising online focus groups exploring midwifery students' experiences of the clinical internship placement in the final year of their four-year BSc Midwifery programme was conducted. A qualitative descriptive research design was conducted, which is characterised by an exploration of a participant's subjective experience (Bradshaw et al., 2017). Qualitative description research strives for in-depth understanding but with emphasis first on literal description (Sandelowski, 2010) and then on the understanding of human phenomena through analysis and interpretation of meaning people ascribe to events (Bradshaw et al., 2017).

Setting and participants

The study was conducted at a university in Ireland, which offers a four-year BSc Midwifery undergraduate programme leading to registration as a midwife with the Nursing and Midwifery Board of Ireland. There are twenty places available annually for midwifery student on the BSc Midwifery programme at this university. Clinical practice experience is an integral component of the midwife registration education programme and is crucial in preparing midwifery students to become safe, competent, kind, compassionate practitioners (NMBI, 2016). As part of the BSc Midwifery education programme, students undertake a 36-week internship (NMBI, 2016) in two different maternity units in the final year of the programme. Students undertake rostered placement in core midwifery placements, providing care over the 24-hour continuum under the supervision of a registered midwife. All midwifery students undertaking their clinical internship placement ($n = 17$) were invited to participate in this study and 15 students volunteered to be interviewed.

Ethical considerations

Ethical approval for the study was approved by the Education and Health Science Research Ethics Committee (Ethics Number 2021_05_15_EHS) and access to the study site was granted by the Head of the Department of Nursing and Midwifery. All fourth-year students were emailed with an information leaflet, which outlined the aims and purpose of the study, the voluntary nature of participation and their right to withdraw from the study without reason. A date and time for the focus groups was arranged and participants signed a consent form prior to their participation and consent reiterated verbally prior to the start of the focus group. Anonymised, data was stored on a password protected computer by the lead researcher (AA) and visual recordings were deleted immediately after transcription was complete.

The researchers were cognisant that students when asked to participate in research, especially by their own lecturers, may feel they cannot refuse participation (Ferguson et al., 2006). The research team sought to address this by providing verbal and written information to students, reiterating the voluntary nature of involvement in the study and their right to withdraw at any time. In addition, there were no summative assessments administered by the researchers involved in data collection and the lead researcher (AA) had recently joined the Department of Nursing and Midwifery and had not taught any theoretical modules to this student group. To address the issue of anonymity, each focus group and participant was allocated a random number and any information or detail that may have identified a participant was removed. Conscious that while focus groups have the potential to give voice to participants experiences and may be a positive and cathartic experience (Green and Thorogood, 2018), focus groups also have the potential to evoke emotions and unexpected feelings (Lowes and Gills, 2006) and these may be heightened due to events relating to COVID-19. Therefore, following receipt of informed consent, focus groups were conducted in a sensitive manner, which included observing the wellbeing of each participant and

providing details of support structures for students (for example counselling services) in the information sheet.

Data collection and analysis

Data were collected through four online focus groups, with 15 students. Focus groups provide a forum for discussion of a defined subject offering the researcher rich data from which further research questions can be generated (Moule, 2015). Focus groups are considered an effective way of exploring a range of ideas and feelings uncovered when participants interact in a discussion of the phenomenon (Joyce, 2008; Doody et al., 2013). The focus groups were conducted by two researchers (AA, BB) who have experience in qualitative data collection and data analysis. A focus group guide consisting of open-ended questions and probes, informed by the literature was developed for the study (Bradshaw et al., 2017). Each focus group lasted on average 60 min. Four students participated in three of the focus groups and three students in one focus group. All students were in their final year of their midwifery degree programme.

The narrative data was transcribed, anonymised and data analysis was guided by Braun and Clarke (2006) framework for thematic analysis (TA). The researchers engaged with the six-stage framework in a flexible and iterative manner (Braun and Clarke, 2006, 2020). Stage one involved familiarization with the data through reading and rereading transcripts while concurrently listening to the focus group visual recordings. Stage two involved generating initial codes, which was followed by stage three where codes were organised into main themes and associated subthemes. Stage four involved all researchers reviewing the themes, which led to stage five where themes were defined and named. In stage six, the final agreed themes and subthemes are presented supported by anonymised extracts from interviews. Table 1 presents the development of codes and the agreed main themes.

Braun and Clarke's (2006, 2020) framework also assist a researcher in demonstrating a study's quality or trustworthiness (Houghton et al., 2013). Credibility of findings was enhanced by the researchers in depth engagement with the narrative data. In addition, following initial analysis by two researchers (CC, DD), codes, subthemes and themes were reviewed by the research team. In qualitative studies, the "raw data" is essential to display, therefore the researchers have provided direct quotations from participants to illustrate the accuracy of findings (Savin-Baden and Major, 2013).

Findings

Following analysis of the narrative data four main themes were identified: 'Fear and uncertainty of internship in the context of a pandemic', 'Consequences of COVID-19 within the clinical environment', 'Student supports' and 'Opportunities and challenges during internship'.

Fear and uncertainty of internship in the context of a pandemic

Students in all focus groups discussed their apprehension when commencing the clinical internship placement intensified by contending with the Covid-19 pandemic. They acknowledged and were aware of the increased responsibility and clinical competency requirement expected at this level.

"You try and prepare yourself for internship thinking, you know, that is going to be a big jump ... So people are gonna expect a lot more of me" (FG1).

"Not only was it daunting to start internship, but then in the middle of COVID. I found myself stressing a lot more about COVID than about the internship. Working around women with COVID, I just hated the thought what if I give it to someone else, I was thinking more about COVID, than I was actually thinking about my internship" (FG1)

Table 1
Development of Codes and Main Themes.

| Focus groups: Codes | Main themes |
|---|--|
| <ul style="list-style-type: none"> • Daunting and fear of internship <i>plus</i> COVID • Fear for family - transmitting COVID • Fear/stress and internship expectations/new responsibilities 'a big jump'. • Fear: initially use of PPE/donning/doffing/concern was it was done correctly • Fear of transmission to others • Fear of transmitting more than stress re internship • Unsupportive staff, 'an 'intern' but still a student', still learning • Clinical Environment changed • Staffing levels/relationship with staff changed • Emotional support for women: woman-midwife relationship • Frontline: stressful but good experience 'Proper staff member' / 'weren't just a student you were needed' • Appreciated and sense of pride • Changes became the normal/adapting • CPC-Midwifery: support/encouragement • Support with increased caseload • Change in relationship with CPC's • Peer support: going through same thing, emotional and practical advice • support from lecturers: Protected Reflection Time (PTR): reflection on practice but also facilitated peer contact • Aware of formal supports but peer support or family/friends more evident | <p>1. Fear and uncertainty of internship in the context of a pandemic</p> |
| <p>Opportunities: Personal development recognised confidence/matured</p> <ul style="list-style-type: none"> • Felt initially would not be able for nine-month internship but 'all coming together', bonded with staff/went through it all together • Advice for students: show initiative and interest, take it day-by-day/placement by placement/ask questions/ work on confidence | <p>2 Consequences of COVID-19 within the clinical environment</p> |
| <p>Challenges: Competing demands, completing clinical competencies, and final year project (FYP), prioritising clinical work 'the actual work'</p> <ul style="list-style-type: none"> • Work-life balance difficulty in 'switching off' • Lack of acknowledgement-disheartening | <p>3. Student supports</p> |
| | <p>4. Opportunities and challenges during internship</p> |

Students recognised internship as an important transition, but that *their* experience of internship was complicated by the COVID-19 pandemic. Students discussed how COVID-19 not only affected their clinical experience but also their personal lives, in particular a 'fear' of transmitting COVID-19 to family members.

"It was probably the uncertainty and then you were afraid for internship and then you're afraid of COVID as well...and when we were starting it was at its worst. The ward that I was working on close down and all the staff were either positive or close contacts. There was no one to preceptor me and then I was like should I be still going home to my family? Because I have a negative swab but what if I just haven't been picked up yet" (FG2).

"You were thinking....am I bringing something home to my parents? You felt...that my life back then was work and come home - that I couldn't do anything else because what if I had contracted COVID? What if I was spreading it? My parents are in their 50 s - 60 s, and I was just worried thinking jeez....if I bring home something to them" (FG1).

Midwives who encouraged and supported students in care provision helped students develop during internship. However, when students did

not feel supported in their learning this added to uncertainties experienced within the internship placement.

"Most midwives are very good ...if you have a question, they will answer it, but I do feel some midwives there definitely is that mentality that ... 'you should know everything... 'you're an intern'... 'you can't be asking me questions' ... that can make it a lot more challenging for you then to come forward and ask" (FG1).

Consequences of COVID-19 within the clinical environment

Students' reflected on the many changes that occurred within the clinical environment during the pandemic. The impact of COVID-19 on clinical practice included wearing of personal protective equipment (PPE), minimising physical contact with women and restrictions on visitors to maternity units. The students contended with an evolving situation with frequent changes to policies and procedures as more became known about COVID-19 from a public health perspective.

"Starting out learning to don PPE properly wondering am I.... did I do my donning and doffing properly and did I forget? Did I hit off a part of my glove when I was taking off something like that? That you kind of worry about that" (FG1).

Students appeared to demonstrate a resilience in the midst of COVID-19, with students adapting to the many changes that occurred during the internship period.

"We kind of had COVID in our heads and then you kind of adjusted and then PPE became normal. I cannot imagine what internship would be like if COVID wasn't a thing because I could not imagine working now without a mask because that is our normal. You either focused on the work or else it was completely COVID and now the two of them are just are one thing" (FG2).

The impact of clinical practice changes on the care of women was discussed in detail within all focus groups. Students demonstrated an awareness and empathy for women, particularly those admitted for antenatal care and who were unable to access family support because of the public health restrictions.

"What I found most difficult was dealing with the emotions of the women, their anger and upset that they're stuck inside the hospital and they can't see their partners or partners can't see their babies. I felt like we had to give a lot of emotional support to the women at the start. They were scared they would contract COVID themselves inside here" (FG1).

"Definitely, there's an extra level of communication and an extra level of like awareness for women and maybe that happens every internship, that you just have more confidence, and you build better relationships....or I don't know is it just because of COVID....and just have that experience of providing reassurance and kind of understanding where they are coming from" (FG4).

"I suppose because visitors weren't allowed in or anything...the women didn't have the support of their partners so we had to fill the gap for the emotional support as well, which we would anyway, but it was kind of more intense because it's really hard for them and we were trying to be there as much as we can" (FG2).

Students discussed stress generated by reduced staffing levels due to COVID-19 related absences, which increased their workload and consequently impacted on emotional and physical wellbeing.

"There were outbreaks and staffing levels were down ...especially at the start of our internship, there were a good few staff out with COVID or two weeks of isolation. You're only just getting your feet down (feeling organised) and then you could have extra women and babies to look after" (FG1).

"Mentally, I feel everyone's a bit drained ...and I think it all just hit me, a few weeks ago I find it very hard and I know the girls have as well, it's just very draining now at this stage, I feel like it's just all caught up on me" (FG4).

Student supports

Students identified the supports they availed of to mitigate the emotional and physical consequences of both internship and COVID-19. A variety of supports were identified by students, including support from Clinical Placement Coordinators-Midwifery (CPC-Midwifery) and academic supports while peer support from fellow students was highlighted as particularly helpful.

"Coming home to other midwifery students who can relate to you. They can generally help you talk down a situation, and it really makes a difference ...Where you can really relive everything... It settles you actually; you get a better night's sleep" (FG1).

"The CPCs I think they went above and beyond; they really knew that it was going to be tough. Tougher for us this year than it will be for any other year without COVID in the hospitals. So they were really supportive... They always made sure that my emotional needs were met and my educational needs as well. I can't give them enough credit for what they've done for us throughout COVID" (FG1).

Students considered structured protected reflective time (PRT), which is a BSc Midwifery programme requirement (NMBI, 2016) as beneficial to both their understanding and in helping cope with the uncertainty of clinical practice during COVID-19.

"And definitely the PRT sessions were a huge help. I think even just hearing everyone has some story to tell from each placement. It is just really interesting to hear how it affected other people and kind of ways they responded to it. It makes you think about things, if you were in that situation, how you would respond to it and how it would make you feel" (FG3).

Students also discussed a sense of 'community' they experienced whilst on placement in the clinical area during COVID-19. This presented itself as staff members supporting each other and students, physically and emotionally and encouraged a sense of belonging within the team for the students. In addition, students displayed a 'sense of pride' in contributing to the health service during the pandemic.

"There was much more of a sense of community when you were at work... If you were sweating in your gown and your mask, they [staff] said 'look I'll go down and do this, take 5 min there in the cool bathroom and just kind of rest yourself'. I think everyone just supported each other because everyone is going through the same thing" (FG1).

"Before I had considered myself a student when I was on placement.... but with COVID, I felt like a proper staff member, part of the staff...you weren't just a student, you were needed" (FG1).

However, some students did not appear to experience this sense of 'community', with COVID-19 dismissed as a stressor within their internship.

"Yeah, anytime COVID was mentioned it was kind of brushed under the carpet, that your competencies are more important or are you meeting your targets and your goals and there wasn't much consideration on how we're feeling and how we're coping ourselves" (FG4).

Although, students indicated they were aware of formal support structures, particularly from the university many students appeared to prefer peer or family support. Some students did avail of formal counselling supports but with varying levels of success. Students, for example, highlighted the difficulty in speaking to someone who did not have first-hand experience in working in the health service during the

pandemic.

"I got counselling at one stage... 'cause I just really I couldn't do it, so I did that for 6 weeks.... When I was talking to the university services I honestly think I horrified the counsellor! I remember her just literally saying 'but who do you talk to in the hospital'? It was grand for me to talk to her but she had no idea what was going on. She was saying 'make sure you are vaccinated and you wear your PPE'.... Obviously, she was very good at her job but without a clinical background, she was just, 'how are you doing it?'" (FG4).

"I did not access any of the services or anything, I just confided in my family even though they did not really understand, they did not know the kind of the level that we were dealing with. Other people would say, 'oh you are not as bad like you are in the maternity, you are not dealing with COVID ward'. They think that because women are pregnant they are not getting COVID and we are not dealing with them...but we are...and it is hard..." (FG4).

Students also identified being 'lonely' or 'losing friends' as their experience of student-life with clinical responsibility, was different to other college groups. Self-care practices, to combat this was discussed by students. In addition, students interviewed were conscious of media reports of third level students being irresponsible in relation to transmitting COVID-19 whereas their experience was very different.

"But like recently I'm just like not able to do anything, all I think about is work I come home and I just want to go to bed and be by myself, literally sleep and just kind of repeat the same day ... it's just so repetitive now. I feel like it has affected me socially, I'm a bit more anxious now talking to people. I just try and get out for walks, I don't know how to cope anymore almost" (FG4).

"I was never one for meditation, but I did find that short meditations helped massively, especially those that were aimed towards loneliness ... because I felt like everyone is feeling lonely it wasn't just me everyone was feeling like they had to stay away from people due to the COVID-19 pandemic" (FG3).

"It's so hard, even on the news they were saying, 'its all young people going to parties, they are the problem'. Then you have the likes of us who are going into work, who are losing friends, who are not talking to people because they don't have the same understanding of what's going on, they don't have the same responsibilities" (FG4).

Opportunities and challenges during internship

Students discussed the personal, professional development and the challenges navigated during internship and COVID-19. Students enjoyed care provision and in particular recognised the significance of a positive midwife-woman relationship.

"I don't think I ever like bonded with women as much as I have during COVIDand they need someone to talk to and they just want to tell you about everything ...I feel like the woman just needed someone to talk to more than ever. So I actually feel like I bonded more with women than I usually would have..." (FG2).

"Having a caseload of women, getting by basically but at the same time learning, developing my skills, gaining that confidence which we did and I think COVID kind of gave me that push to go, OK, This is serious. Now we need to kind of step up. Have that confidence" (FG1).

"What I just can't get over is I don't even recognize myself, you just have so much autonomy, so much confidence now. I remember a fourth year saying to me, 'oh, it all clicks eventually' and thinking like that's just not going to happen but it was true. ..." (FG4).

However, students also recognised the importance of being able to 'switch-off' from the stresses and responsibilities of care provision.

"What I found hard was actually leaving work at work..., especially at the start. I was coming home from my day's work and over analysing everything I did. Did I forget to do something? ...Finding it really hard to switch off, even going to sleep. But as time goes on you kind of learn to just say you've done your work. You know, you've done it... try and leave it at the door... and enjoy days off" (FG1).

Students identified the challenge of competing demands. Working in the healthcare environment during the COVID-19 pandemic to complete clinical competency requirements whilst also meeting academic deadlines.

"That aspect of balancing your time. I found during the time when the FYP (final year project) was due, you could be working five days a week and only have your two days off to rest. You would think you want to spend these two days actually resting but you just have to face into coming home and doing more work. So there was a lot of stress around at the time of the FYP and you were already exhausted from working during the pandemic" (FG1).

To help address challenges, students offered advice to future midwifery groups to assist their transition during internship. Being prepared, motivated and willing to seek help were identified as important strategies to successfully navigate internship.

"Just have that preparation before you go in...you are not going to know everything you are there to learn. It's one last year and it's a preparation for you to be a qualified midwife, just enjoy it" (FG1)

"Don't be afraid to ask questions...the midwives are happier to have you asking questions...because then they (midwives) know you're being safe" (FG2).

"I would just say, if you're not feeling ok, you should tell someone.... Don't ever feel like you can't say anything, and I know it's hard ... because I've been there but I just didn't want to admit that I wasn't ok" (FG4).

Discussion

This qualitative descriptive study highlights the impact COVID-19 had on the experiences of fourth year midwifery students during their clinical internship in Ireland. Completing their midwifery programme within a health care environment dominated by the presence of COVID-19 had significant consequences for students. Clinical internship is a midwifery programme requirement and an important period for students to build their confidence, consolidate their knowledge, skills and develop professional behaviours required to fulfil the role and responsibilities of a registered midwife (NMBI, 2016). Irrespective of the pandemic, students highlighted the fear and uncertainties associated with commencing internship. They were cognisant of increased expectations, responsibilities and challenge of achieving clinical competencies; in common with midwifery students in Sweden and in Ireland (Bradshaw et al., 2018; Zwedberg et al., 2020). These experiences were further challenged by a global pandemic, which brought with it an increased acuity of workload and practice uncertainties (Panda et al., 2021a; Power et al., 2022). Maternity services were dealing with evolving COVID-19 guidelines and public health restrictions, employed to prevent and reduce transmission of the virus. This caused additional stress for midwifery students and all maternity staff who were challenged to maintain quality maternity services in the most uncertain of times (Kuliukas et al., 2021; Royal College of Physicians of Ireland, 2021).

The impact on midwifery students as both learners and workers in a fraught environment caused significant stress and anxiety. Students described exhaustion, disturbed sleeping patterns and being unable to 'switch-off' after work as symptomatic of their stress and anxiety. Similarly, Kuipers and Mestdagh's (2023) study on emotional wellbeing

of midwifery students during COVID-19 concur with the finding from this study identifying significant reduction in emotional wellbeing of students during this time. In addition to anxiety due to increased responsibility, students were concerned about the accuracy of their PPE procedure and frequent changes in care practices. Students were fearful about bringing the virus home, particularly to vulnerable family members, and fearful of transmitting COVID-19 to women, their babies and other healthcare staff. According to van Garderen and van Leeuwen (2022), students demonstrate a 'moral distress' as they wished to provide good care but also recognised the competing need to protect their own health and that of all women in their care. Midwifery students and midwives have similarly reported challenges with managing their own fear and anxiety of contracting and spreading the virus whilst providing optimal midwifery care to women and their families (Angasu et al., 2021; Goberna-Tricas et al., 2021; Selçuk Tosun et al., 2021; Sögüt et al., 2021; Power et al., 2022).

Students in this study readily acknowledged the impact of care provision changes on the maternity experiences of women. Cognisant and empathic to the impact of restrictions to visiting resulted in students spending more time with women to combat their social isolation, consequently building positive relationships with women. Students appeared to take on the role of emotional supporter for women in the absence of partner support. Women interviewed in the study by Panda et al. (2021a) described their maternity experience as 'lonely', but also acknowledged the valuable support offered to them by midwives. The pandemic also had a personal consequence for students who experienced loneliness (Rasmussen et al., 2022; Kuipers and Mestdagh 2023; Jackson et al., 2023) and loss of friendships, as friends did not share the same experience. In addition, students spoke of the stigmatisation of university students in media reports, students reported as irresponsible, which they described as 'disheartening', especially as their own experience as a healthcare worker was one of responsibility and accountability. This finding would appear to be unique to the Irish setting and was widely published in the Irish media.

Students also reported feeling part of the team, valued by preceptors and midwives for their contribution to the care of women and their babies. This finding is consistent with studies where students articulated a need to belong and have a sense of purpose in clinical practice, enhancing their learning and confidence (Bradbury-Jones et al., 2010; McKenna et al., 2013; Thomson et al., 2017; Bradshaw et al., 2018; Albloushi et al., 2019; Vermeulen et al., 2019; Panda et al., 2021b). Students reported feeling appreciated as members of the healthcare team, which enhanced their social identity as a midwife. This added to students' feelings of self-worth and pride in the role they were providing as frontline workers during the pandemic. Santos (2020) also identified that contributing to public service and caring for women and their families enhanced students' pride and job satisfaction. Conversely, when students felt unappreciated, dismissed or excluded from the team in practice, this resulted in a sense of disempowerment, which impeded their learning and development (Licquirish and Seibold, 2013; Arundell et al., 2017; Bradshaw et al., 2018; Zwedberg et al., 2020).

Students demonstrated resilience and adapted to not only their changing role and responsibility as 'interns' but to health care changes imposed by the global COVID-19 pandemic (Jackson et al., 2023). In addition, working during the pandemic appeared to confer benefits such as a sense of 'community' in practice where midwifery students, midwives and CPCs-Midwifery assisted each other in care provision whilst also facilitating midwifery education (Kane et al., 2022). Power et al., p.5) also identified a sense of 'being-in-it-together' which provided an essential network of emotional and practical support from colleagues. Students identified that although informal peer support appeared to sustain health care professionals during the initial stages of the pandemic, the continuing pressure within care provision resulted expressions of 'burn-out' among staff. This study highlights the importance of facilitating effective peer support for all staff and many health care settings provided and promoted self-care activities for staff. These

activities included for example, mindfulness sessions, debriefing sessions, online yoga classes or quiet spaces for relaxation and reflection. Although these activities can be effective to support wellbeing and resilience (Adnan et al., 2022) they should not be viewed 'as the panacea to resolve current' health service concerns 'as the notion may be interpreted as expecting midwives 'to toughen up' in a working setting that is socially, economically and culturally challenging' (Crowther et al., 2016, p.47). Therefore, political and managerial supports in relation to staffing levels and promoting midwifery models of care are also necessary to ensure midwives are 'not made to feel exploited' (Crowther et al., 2016, p.47).

Although students were aware of formal support structures, the main source of support that students availed of was from their own peers. The understanding of those who had first-hand knowledge of clinical practice during the pandemic was vital for students. Those students who did avail of formal counselling found that a lack of understanding of their experiences by a counsellor negatively affected this provision of support. Therefore, discussing clinical events with those who had a similar experience appeared to help students process what they had witnessed and experienced (Li et al., 2023). Similarly, peer support was crucial for students when contending with challenging relationships/personalities in clinical practice (Smith et al., 2016; Bradshaw et al., 2018; Robledo-Gil et al., 2018). Students reported that protected reflective time (PRT), facilitated by lecturers in midwifery within the HEI, was a valuable opportunity afforded to them where they could share difficult experiences and felt a common bond of support, which helped them navigate internship. This study also highlights the continued importance of support from CPCs-Midwifery and PRT. This is particularly important during internship as the transition from student to registered midwife is identified as demanding and challenging (Parker et al., 2012; Bradshaw et al., 2018; Kane et al., 2022). These supports also appeared to assist students navigate the challenges of an internship which was undertaken during the COVID-19 pandemic.

Strengths and limitations

This qualitative descriptive study provides an in-depth analysis of fifteen student midwives experience of their internship period via four online focus groups. Students discussed their experience providing a valuable account of completing internship during a global pandemic. Participants were recruited from one university in Ireland therefore reducing the ability to transfer the findings to another population (Savin-Baden and Major, 2013; Bradshaw et al., 2017). However, the sample size was considered appropriate to address the research aim and objectives (Bradshaw et al., 2017). In addition, extensive direct quotations are provided to compliment the analysis and discussion, which assists to demonstrate credibility of findings. To reduce the possibility of social desirability in this study, researchers who were not involved in student teaching and assessment conducted the focus groups. It is noted that students/participants involved in this study were expressive and shared their experiences freely to provide an in-depth account of their internship experience.

Conclusion

This study explored the experiences of fourth year midwifery students in their clinical internship placement, which coincided with the COVID-19 pandemic. The findings delineate students' experiences and provides information on how students navigated this period of their BSc Midwifery programme. Students were cognisant of an increased responsibility and clinical competency requirement in internship. The anxiety of embarking on internship was heightened by the uncertainty of COVID-19. Students were sensitive to changes in care practices and the impact on women's maternity care experience, particularly restrictions on partner support. Dealing with COVID-19 was challenging, with PPE for example, often considered an impediment to caregiving and communication. Support was essential for students as they navigated the

transition from midwifery student to registered midwife. Emotional support used to alleviate stress and anxiety created by internship and COVID-19 varied and included peer support, protected time for reflection, and support from the CPCs-Midwifery. Peer support and the importance of speaking to someone who was going through the same thing was emphasised by students. Students described both challenges and opportunities within their internship. Challenges included managing increasing responsibilities and expectations in clinical practice, balancing their need to progress to autonomous practice, whilst acknowledging their needs as learners. However, COVID-19 also brought with it unexpected benefits which included enhancing students' ability to develop relationships with women in their care, particularly those who required admission for extended periods. Students also expressed a sense of belonging within the team, felt valued in clinical practice and conveyed a sense of pride in contributing to maternity care during the COVID-19 pandemic.

Ethical approval

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CRedit authorship contribution statement

Barbara Lloyd: Conceptualization, Methodology, Validation, Formal analysis, Investigation, Writing – original draft, Writing – review & editing, Project administration. **Carmel Bradshaw:** Conceptualization, Methodology, Formal analysis, Writing – original draft, Writing – review & editing. **Jan McCarthy:** Conceptualization, Methodology, Formal analysis, Writing – review & editing. **Sylvia Murphy Tighe:** Conceptualization, Methodology, Writing – review & editing. **Maria Noonan:** Conceptualization, Methodology, Writing – review & editing. **Sandra Atkinson:** Conceptualization, Methodology, Validation, Formal analysis, Investigation, Writing – original draft, Writing – review & editing.

Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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