Student midwives' lived experiences of caring for bereaved parents following perinatal loss using actor-based simulation: A phenomenological study.

Abstract

Background: Student midwives frequently encounter bereaved parents in clinical practice; however, the experience of caring for bereaved parents can be a significant source of traumatic stress. Although the use of simulation to teach bereavement care is considered a powerful experiential form of learning, evidence for its effectiveness as a transformative learning strategy is limited.

Aim: To explore student midwives' lived experience of caring for bereaved parents experiencing perinatal loss using high-fidelity simulation.

Design: Students midwives participated in an actor-based bereavement simulated scenario. Data was collected using semi-structured interviews. Interpretative Phenomenological Analysis was conducted to gain a deep understanding of the meaning of the experience. Mezirow's Transformative Learning Theory was applied as an analytical framework to illustrate how the student midwives made sense of and learned from the experience of caring for bereaved parents experiencing perinatal loss.

Setting: One BSc (Hons), 156-week undergraduate midwifery programme within a university in the Northwest of England.

Participants: A purposeful sample of nine first-and second-year student midwives volunteered to participate in the study.

Findings: One of the superordinate themes that emerged from the analysis (1) **'***trying to console and making things easier'* and the related subthemes (1a)*'what words can I say', (*1b)'*my instinct was to console the mum', (*1c*)'left to sort of pick up the pieces'* captured the deep sense of powerlessness and the professional dilemmas experienced as students struggled to emotionally console and communicate the right words to say to the grieving parents.

Conclusion: The study highlights the important role of simulation as a defined model of bereavement education that equips students with the necessary knowledge, skills, and confidence to provide compassionate care to bereaved parents experiencing perinatal loss.

Implications for practice: The emotional toll of caring for bereaved parents is significant, and higher education institutions should adopt experiential forms of learning using actor-based simulation scenarios to emotionally prepare students to care holistically for parents affected by perinatal loss.

Introduction

The death of a baby to stillbirth is a traumatic experience for parents and caregivers, and results in profound psychological and social costs to women, families, healthcare professionals, the government and wider society (Heazell et al., 2016). Moreover, healthcare professionals and students across many disciplines find death and dying difficult to cope with (Jors et al., 2016; Kirkpatrick, Cantrell, & Smeltzer, 2017; McNamara, Meaney, & O' Donoghue, 2018; Robson & Williams, 2017). For midwifery students, caring for bereaved parents following a stillbirth can be traumatic (Alghamdi & Jarrett, 2016; Coldridge & Davies, 2017; Davies & Coldridge, 2015; McKenna & Rolls, 2011). Many will have limited experience of seeing a dead baby which can be upsetting (McKenna & Rolls, 2011). Often they are shielded from such situations in practice (Brunt, 2020), and feel emotionally unprepared to compassionately support and communicate with grieving parents (O'Connell, Meaney, & O'Donoghue, 2016; Shorey, Andre, & Lopez, 2017; Wallbank & Robertson, 2013).Furthermore, students experience ambiguous feelings when caring for a woman with a viable pregnancy after a bereaved mother experiencing perinatal loss (Nurse-Clarke, 2021). As such, they feel anxious when first encountering bereaved parents (McKenna & Rolls, 2011).

Studies suggest that undergraduate bereavement education for student midwives is variable both in content and teaching strategies (Doherty et al., 2018; Warland & Glover, 2019). In the UK, most medical and midwifery undergraduate curricula rely on role play and classroom learning to teach bereavement care (Martin, Robb, & Forrest, 2016b; Von Fragstein et al., 2008).

Artificial classroom environments are limited and can impact students' contextual understandings of grief and loss and application to practice (Bassah, Seymour, & Cox, 2014; Hörberg, Galvin, Ekebergh, & Ozolins, 2018). The inconsistencies in teaching necessitate the importance of standardizing undergraduate curricula to prepare future midwives for the full scope of care including perinatal loss.

Developing experiential and transformative forms of learning can enable students to develop skills to provide compassionate care within complex situations such as bereavement, and help them reflect on the meaning of their experience (Hörberg et al., 2018). Learning about death and dying through simulation can potentially prepare students for their future roles and complement traditional methods of teaching and learning (Dimoula et al., 2019), which can be implemented in middle and low income countries (Pafadnam et al., 2022) Appropriately designed, actor-based simulated scenarios can promote transformative learning as it represents a disorientating event that propels learners out of their comfort zone and challenges existing habits of mind (Gillan, Jeong, & van der Riet, 2021; Parker & Myrick, 2012). In simulation, the processes of debriefing and critical reflection encourage students to embrace the complexity of dying, revise their interpretations and make new meaning from the experience (Gillan et al., 2021). These components are critical to the transformative learning process (Mezirow, 1990a).

While there is a plethora of literature on the value of simulation in improving knowledge, critical thinking skills and mastering basic and complex skills within nursing and midwifery education (Adib-Hajbaghery & Sharifi, 2017; Pafadnam et al., 2022), limited research addresses the use of bereavement simulation as a transformative model of learning to prepare students to care for bereaved parents experiencing perinatal loss (Gillan et al., 2021; Martin, Robb, & Forrest, 2016a). This study aims to address this gap.

Methods

Interpretative Phenomenological Analysis (IPA) was chosen for this study due to its idiographic focus and concern with human experiences (phenomenology) and the meanings they ascribe (hermeneutics)(Smith, Flowers, & Larkin, 2009, 2022). Mezirow's Transformative Learning Theory (TLT) was applied as an analytical

framework to understand how students made sense of their experience of caring for bereaved parents (detailed in Table 1).

Table 1: Application of Mezirow's TLT to the student midwives' experience of bereavement simulation.

Mezirow's 10-phase process of Transformative Learning	**Application to student midwives' experience of participating in bereavement simulation**
Experiencing a disorientating dilemma (significant life event, crisis, death)	Student midwives encounter bereaved parents experiencing perinatal loss within a simulated setting
Undergoing self-examination accompanied by feelings of fear, anger, shame	Students re-examine their existing beliefs and assumptions about grief and loss which results in them questioning their own beliefs, feelings, values about death
Conducting a critical assessment of their own internal assumptions and beliefs; experiencing a sense of alienation from traditional social expectations.	When students consider their new view of the topic, it conflicts with their previous personal, professional, or cultural assumptions, resulting in feelings of anger, fear, blame
Relating discontent to similar experiences of others – awareness that the problem is shared	Students engage in dialogue with their peers; recognition that others share similar feelings and responses to this experience
Exploring options for new ways of acting	Students consider new ways of applying their knowledge, skills, behaviours which encompasses their new view as to how they would approach a similar event in practice
Building competence and self-confidence in new roles	Students plan ways to increase confidence in their ability to apply new knowledge and skills to different situations
Planning a course of action	Students acquire knowledge and skills to implement plans and strategies for action
Trying out new roles and behaviours	Students actively seek new knowledge and skills to implement a plan to guide their future actions
Developing skills and confidence in new roles	Students assess and try out new roles which are reflected upon and modified as required.
Incorporating behavioural change based on new knowledge and perspectives	Students incorporate new/existing knowledge and skills with new insights and understanding of their practice

Recruitment and Sampling

The recruitment process began by circulating information about the study via the university Blackboard site. First and second year students in their last trimester expressing interest in the study were invited to contact the researcher via email or telephone. Subsequent face-to-face meetings allowed for further discussion as to what the study entailed. Participant information sheets and consent forms were also provided. Nine students participated in the study. Small sample sizes are appropriate in phenomenological studies to facilitate analytical depth of an experiential event (Smith et al., 2022)

Ethics and reflexivity

Ethical approval was granted by the University Research Ethics Committee. Participation was voluntary and informed consent was obtained prior to data collection. Confidentiality and data protection procedures were strictly followed. The identities of participants were protected using pseudonyms.

Reflexivity is an integral part of phenomenological research and implies being aware of one's personal biases and preconceptions that may influence the study. (Burns, Fenwick, Schmied, & Sheehan, 2012). To safeguard participants' voice, a reflexive journal was used to document the researcher's reflections, interpretations and positioning throughout the research journey (Engward & Goldspink, 2020).

Data Collection and Procedure

All students who consented participated in a bereavement simulation scenario. The scenario focused on a real clinical situation sometimes encountered by students in practice. It involved a couple (both actors) who present to a maternity unit with a history of reduced fetal movements at 38 weeks' gestation. The students rotated through a series of sequential scenes from the initial confirmation of the death of the baby to breaking the bad news. The final stage focused on the parents' preferences for birth and seeing and holding their baby. The students were expected to respond to the couple's needs as required. Post simulation debriefings were undertaken throughout the scenario. Data was subsequently collected via semi-structured,

individual, face-to-face interviews (lasting 45-90 minutes) in the counselling suite on the university campus.

Data Analysis

The interviews were digitally recorded, transcribed verbatim and analysed in accordance with the IPA heuristic analysis framework. (Smith et al., 2009). (Table 2). The six steps reflect an iterative process of engaging with the data in line with hermeneutic inquiry (Smith & Nizza, 2022) To ensure transparency and rigour, the consolidated criteria for reporting qualitative research (COREQ) was used to illustrate the methodological approach, findings, analysis, and interpretations (Tong, Sainsbury, & Craig, 2007).

Table 2 outlining the six steps of the IPA analytical process (adapted from Smith, Flowers & Larkin, 2009)

Stage 1	*Reading and re-reading each individual transcript*	*Become familiar with the transcript and immersed in the participant's world*
Stage 2	*Initial noting (or exploratory coding)*	*Note the participant's content, linguistic interpretations and conceptual or interpretative comments relevant to research question*
Stage 3	*Developing emergent themes*	*Analyse the exploratory comments to identify/generate themes that reflect participant's words and researchers' interpretation*
Stage 4	*Searching for connections across emerging themes / map themes together*	*Explore the emergent themes to develop a superordinate theme structure that captures the most interesting and important aspects of the participant's account*
Stage 5	*Moving to the next case*	*Repeat the process for subsequent cases*
Stage 6	*Looking for patterns across cases / move to a more theoretical level of analysis.*	*Create a master table of the superordinate themes and related subthemes that capture the higher order concepts shared across all participants.*

Findings

This study reports on data from a larger PhD study. Originally, three superordinate themes emerged from the data including '*A Rollercoaster of Emotions', Trying to Console and Making Things Easier', A Unique Learning Experience.* This paper addresses one of the three superordinate themes ('*trying to console and making it easier'*) and its related subthemes (*'what words can I say', 'my instinct was to console the mum', 'left to sort of pick up the pieces'*). This theme was selected as it captured the unique emotional challenges and professional dilemmas experienced by students in their efforts to provide care. The themes outlined are supported with original quotes from the students' narratives.

'*Trying to console and making things easier'.*

This theme broadly aligns with Mezirow's TLT. Encountering grief and loss for the first time in a simulation represented a disorienting dilemma that challenged students' beliefs and assumptions about themselves and their worldview. Their excerpts elicited complex emotions as they tried to communicate with the couple which they found disorientating. Their efforts to provide professional emotional support provoked concerns that their words or actions could worsen the situation. According to Mezirow (2000), disorientating events can be a catalyst for perspective transformation. Once learners engage in a process of critical reflection, they question unexamined beliefs and assumptions about themselves and recognise strengths and limitations of their knowledge and abilities. Post simulation, students acknowledged limitations in their skills and confidence to communicate effectively and console the couple. Kim reflected on how she 'stumbled 'over what to say, and on not having a quick response to the woman to reassure her that the loss was nothing she had done:

> '*Yeah, … I sort of reflected on it afterwards and thought … there was a couple of things that I stumbled over with the parents, … just in terms of what to say, like I didn't have a quick response you know, I really didn't'.*

Andrea said*, 'one of the students got right down to her level. I felt I wanted to do that just comforting her, but I just didn't have the confidence'*. Other students also found communicating with the couple difficult. Gayle's account implied despair that she

could not find the words and there was little she could offer in terms of emotional support:

> '*I think just trying to find the words, the right words to say to someone when their baby's just … When they found out their baby's dies, what words can I say to them and what can I do to try and help them?*'

'My instinct was to console the mum'.

Mezirow (1990b) argued that critical reflection is crucial to transformative learning as it challenges learners to question their own assumptions, expectations, and practices. Encountering the grieving couple led students to question the importance of validating both parents' grief, as the priority was to console the mother while the father was forgotten. Angie reflected '*my instinct was to kind of console her'.* Orla claimed this was '*because something physical's happening to the woman, a father can be left behind'*. Similarly, Gayle felt '*the main focus is on the mum and obviously she's carrying the baby and she's going through all the giving birth and everything, but the dad's grieving as well, and it's easy to forget about them.'* Catherine also acknowledged that the father was sometimes forgotten regardless of the situation: '*I do think we forget about the dad and you're concentrating on the mum and even in normal labours, you forget about the dad.'*

However, critical reflection prompted students to gain new perspectives about including the father. For example, Catherine said.

> *'I realise like I possibly could've turned to the dad and said something to him, or offered him, like a hand on the shoulder type of thing just to include him in that moment.'*

Mezirow (2000) claimed learners acquire uncritical opinions (habits of mind) about the world based on their life experiences or cultural backgrounds which influence how they interpret an experience, in this case cultural expectations about the expression of grief. Through critical reflection, these assumptions can be re-examined and their validity questioned (Cranton, 2016).

In their excerpts, the students also questioned stereotypical, cultural assumptions about '*masculine and feminine forms of emotional expression'* (Bonnette & Broom, 2012, p. 258). Susan expressed cultural expectations by metaphorically referring to the father as '*the rock'* and '*like a robot'*. She was concerned that if grief was internalised, the father was likely to be '*pushed [to] the side'.* She also said, '*dad sat there, and he wasn't majorly showing all the emotion that mum was*', and '*I think people just, are pushed to the side if they are not showing outward emotion'.* She challenged some stereotypical assumptions on how men express their grief, '*people are like, oh you know, have you seen him, he's like a robot'.* These cultural norms encourage the internalisation of men's emotions; leading to an assumption that pregnancy loss is more significant for women, which results in male grief being overlooked. (Bonnette & Broom, 2011)

'Left to sort of pick up the pieces.'

Mezirow (1990) claimed that people have values and beliefs about the world that influence the behaviours expected. However, when a worldview conflicts with a learner's perceptions, it can provoke uncomfortable feelings and trigger a process of critical reflection involving the self, others, and the sociocultural context. Some students observed that the contradictory information provided by the doctor regarding the viability of the baby conflicted with their beliefs, values, and expectations as to how the news should be broken. Angie and Orla alluded to having to '*pick up the pieces'* afterwards, which implied the need to repair something broken, namely the hearts of the bereaved parents.

Bordignon et al. (2019, p. 2326) suggested that when students know the '*morally correct response to a situation'* but feel constrained because of professional or hierarchical issues, it can incur moral distress. Student were troubled about the confusion regarding the baby's viability and the impact on the parents. Susan conveyed emotional turbulence and the sense that the parents were plummeted into grief.

> '*I thought it was quite harsh… 'I can see the heartbeat, no wait I can see the heart but it's not beating', … it was frustrating really because it sort of like*

gave her that hope and then it was even more of a harsher fall, because of the slip up.'

A lack of compassion and empathy was also unsettling for Kim, '*was not really any empathy'*. Mezirow (2000) claimed that people learn to establish new points of view and create negative schemas by focusing on the perceived shortcomings of others. This results in transformative learning that can 'prime' students to become more aware of the personal and professional values that underpin their roles as healthcare professionals (Morris & Faulk, 2012). Kim appeared to judge the doctor against her own values concerning empathy and compassion.

'I mean the doctor like was quite abrupt, wasn't she? And I mean like it was just so upsetting (pause) to hear really. What did I write – there wasn't really any empathy; I think there's ways you can go about it which feel a bit kinder.'

Menzies (1960) indicated that at times of stress, people often resort to splitting as a coping mechanism in overwhelming situations. Students alluded to splitting by labelling the doctor as 'bad' (lacking empathy, appearing abrupt) and the student midwife as 'good' ('*picking up the pieces'*). This form of compartmentalisation is often attributed to deep-seated anxieties, in this case the student's desire for '*personal agency*' by protecting the parents from the consequences of the doctor's apparent lack of compassion (Coldridge & Davies, 2017, p. 5). Kim questioned the moral competence of the doctor and implied the onus was on her to support the parents.

'… they just see it as, that's their job, so right I've done my job and then not thinking outside of the box, like what's going to happen afterwards, how're they (parents) going to feel afterwards and things like that.'

For Andrea, the way in which the news was broken appeared inexplicable and challenged her belief that *'a professional should approach the situation more compassionately*'. She also felt being '*left then to pick up those pieces'* which captured her discomfort. Andrea became tearful as she talked about the doctor communicating with the parents. The interview was paused to allow some time to

reflect, but she indicated that she wanted to continue. As she spoke, Andrea shook her head briefly in disbelief:

> *'… like when the doctor said, 'I can see a heartbeat', and I was like, 'oh no, but you can't', and it was just, she clung … everything's all right and then, actually 'no, I can't, I can see the heart but it's not beating', and it's just…Yeah, she was very abrupt and I would hope that, … a professional would approach that situation more compassionately [tearful]'*

Oelhafen, Monteverde, and Cignacco (2019, p. 1380) claimed when student midwives encounter situations they cannot control or are unable to act as an advocate for those in their care, it can lead to a profound sense of sadness, and '*being silenced and powerlessness'*. For example, Orla described herself as '*just standing there'*, '*not doing anything*' and '*feeling awful*':

> '*… but then kind of from there, like when everyone came in it was just a little bit quiet. I found that difficult to be honest, like you are just standing there not really doing anything, I felt awful really.'*

Angie also alluded to her vulnerability and described how '*you have all this midwifery knowledge and all these skills, but there's not a skill you can have for breaking bad news*'.

Mezirow postulated that once learners begin to make sense of the disorientating dilemma, they acquire knowledge, skills and attitudes that '*transform their problematic frames of reference'* and a worldview that enables them to critically reflect on their misconceptions and potential biases (Mezirow, 1997, p. 7). Although the students found witnessing the breaking of bad news upsetting, their narratives suggested a change in perspective on the difficulties encountered by doctors at such times. Susan conveyed empathy and understanding for the doctor, '*they're people as well',* and recognised that breaking bad news was challenging:

> ‘*Yeah, I felt, I felt sorry for the doctor, because it is such a difficult thing to do; and when you do slip-up with your wording and things like that, it makes the impact so much more, so I did feel sorry for the doctor*’.

Orla also appeared to have some insight into how difficult it is for a doctor as ‘*they’ve got to carry on in their day and make other difficult decisions*’. She used the metaphor ‘*put on such a hard shell*’ to describe how, as professionals, they employed protective measures to enable them to cope with their emotions:

> ‘*… yeah, it is hard like to, … go back, that it is what they said, it is a colleague … I do feel sorry for the doctors, when they’ve got to do it, because … they’re people as well.*’

Discussion

The analysis of the students’ narratives provides an in-depth exploration of students’ experiences of caring for bereaved parents. The findings reveal how stillbirth is a deeply traumatic experience and completely alters the dynamics when a healthy baby has been anticipated. This impacts the nature and flow of verbal and non-verbal communication and affects the establishment of an effective trusting relationship between a midwife and grieving parents. It can have a detrimental effect on parents’ psychological well-being and adjustment to loss (Murphy & Cacciatore, 2017; Siassakos et al., 2017).

The NMC Code of Professional Standards (Nursing & Council, 2018) stipulate that healthcare professionals have excellent communication skills to respond compassionately and meet the needs of bereaved parents. Students communicating with the bereaved couple proved challenging, which conflicts with the NMC standards. They expressed difficulties in not knowing what to say and in saying the wrong thing. Research exploring student midwives’ experiences of caring for women facing perinatal loss found that students’ perceptions of their communication with bereaved parents prompted self-doubt (Alghamdi & Jarrett, 2016; Brunt, 2020). Similarly, Agwu Kalu, Coughlan, and Larkin (2018) reported midwives struggled communicating with parents due to tensions in providing significant and varied emotional support, and a need to process their own emotions and responses.

The students described ways of caring that were not only important for the grieving couple but also created an emotional connection; this is the essence of compassion and fundamental to the midwifery philosophy of 'being with' the woman (Hunter, 2009; Way & Tracy, 2012). The concept of being close illustrates the students' sensitivity to the importance of '*being there'* and having a '*conscious presence'*. This created a '*holding space'* that enabled the students to *'act as guardians so parents may feel psychologically held and supported in their grief* (Lemay & Hastie, 2017, p. 112).

Previous research demonstrates the value of using simulation as way of enhancing students' communication skills and providing physical and psychological support to families in paediatric and perinatal end of life situations (Bailey & Bishop, 2017; Cole & Foito, 2019; Colwell, 2017). Learning through simulation enabled the students to engage in the cognitive, psychomotor and affective domains of learning (Hamilton & Morris, 2012). It also stimulated reflection and self-reflection, which empowered them to acquire new knowledge, values and skills, and engage in a form of professional care that exceeded task-orientation (Fernández-Basanta, Coronado, Bondas, & Movilla-Fernández, 2020). Mezirow's theory also suggested that once learners encounter a disorientating dilemma, it gives them confidence to try out new roles and behaviours and incorporate these into their practice, which is key to the transformative learning process (Morris & Faulk, 2012).

The importance of 'being with' the woman was significant for many students. However, they expressed the need to acknowledge and validate both parents' grief, as the emphasis was on the bereaved mother. These assumptions can culturally position' woman as being more connected to the baby compared to the dad (Bonnette & Broom, 2011). Equally the level of emotion displayed by men can be interpreted as a '*form of grief suppression*' (Burden et al., 2016), conforming to society's expectations about 'being a man' and the pressure to remain 'strong and stoical' leaving them feeling marginalised in their grief (Jones, Robb, Murphy, & Davies, 2019).

Lang et al. (2011) reported that fathers' ambiguous feelings about their role is a significant cause of stress. Experiencing the death of their baby was traumatic, resulting in a profound sense of loss and helplessness. (Cacciatore, Erlandsson, &

Rådestad, 2013).Thus, being validated and acknowledged as a grieving parent rather than merely as a ‘supportive partner’ is an essential component of bereavement care.

Jones et al. (2019) revealed that bereaved fathers often felt ‘overlooked’ by healthcare professionals which was attributed to midwives’ uncertainty as to how to support them. Although the students in this study acknowledged that ‘*the woman is going through it physically’* (Ethel), the simulated experience provided a deeper awareness of the need to involve the father and offer the same level of emotional support. Engaging fathers in important rituals such as seeing and holding the baby minimises the risk of them feeling ‘*emotionally side-lined in the grieving process*’ (Bonnette & Broom, 2011, p. 259). It is a powerful way of acknowledging their grief and helping them adjust to their loss (Jones et al., 2019).

A significant concern for the students was the doctor’s communicating contradictory information to the couple regarding the baby’s viability. The students indicated feelings of anger and frustration as it gave the parents a sense of false hope. They were particularly sensitive to the fact there was a lack of empathy as they expected a healthcare professional to be more compassionate. This conflicted with their values, beliefs and professional standards about treating people with ‘*kindness, respect and compassion*’ (NMC, (Nursing and Midwifery Council, 2018, p. 25) and was a potential cause of moral discomfort (Bordignon et al., 2019; Oelhafen & Cignacco, 2020).

Moral distress is used to describe the feelings of anguish or distress associated with the occurrence of ethical and moral issues in practice (Foster, McKellar, Fleet, & Sweet, 2021). Moral distress in midwifery may be defined as ‘*a psychological suffering following clinical situations of moral uncertainty and/or constraint resulting in an experience of personal powerlessness*’ (Foster et al., 2021, p. 2). Although moral distress is researched in other health disciplines (Lamiani, Borghi, & Argentero, 2017), it is relatively unexplored in midwifery or often focuses on one specific aspect of practice (Foster et al., 2021).

Research exploring the ethical and moral issues encountered by midwives in clinical practice found that questionable practices or situations which do not uphold professional standards incurred feelings of anguish and frustration. (Oelhafen et al., 2019). These reactions are associated with moral distress and caused students to feel angry, guilty and powerlessness Studies exploring bereaved parents' experience of pregnancy loss in NHS trusts in England found inconsistencies in the standards of communication between the bereaved and healthcare professionals (Littlemore, McGuinness, Fuller, Kuberska, & Turner, 2020). Ineffective communication can negatively impact parents' psychological adjustment to their loss and influence their decisions around future pregnancies (Cullen et al., 2018; Siassakos et al., 2017).

Furthermore, when less experienced midwives observe a lack of interprofessional communication and professional competence, it can be a major cause of moral distress (Oelhafen et al. (2019). For student midwives and within the context of stressful situations like stillbirth, the concept of moral distress is relatively unexplored in undergraduate midwifery education (Oelhafen et al., 2019). Borhani, Abbaszadeh, Nakhaee, and Roshanzadeh (2014) reported that moral distress can cause feelings of helplessness, professional grief and sadness, and impact a practitioner's professional position (Oh & Gastmans, 2015); Similarly, a study exploring moral distress amongst Australian midwives concluded that the cumulative effects of being exposed to conflicting professional and practice-based values in their workplace detrimentally impacted their psychological well-being and left them powerless to advocate for families in their care (Foster, McKellar, Fleet, & Sweet, 2022).

Dirkx (2001, p. 65) argued that, emotionally charged situations often give rise to a sense of self that seems '*ambivalent, contradictory and somewhat fragmented'.* However, through conscious, rational, and self-reflective practice, learners can gain an understanding about 'these multiple selves', which enables them to make meaning and 'embrace' such dilemmas (James & Busher, 2013). This experience prompted the students to question their underlying beliefs and assumptions about people, in this case other healthcare professionals, professionalisation, their values and the importance of caring (Damianakis et al., 2019, p. 2024). These findings confirm the importance of incorporating pedagogical philosophy and moral education within undergraduate curricula alongside care and caring practices.

Therefore, transformative learning approaches combined with simulation can enable students to rehearse and integrate ethical knowledge and affective attitudes. It can also develop a sense of moral agency that can empower them to cope with similar issues in a clinical setting and provide a novel way of providing care that can be integrated in a variety of contexts including low and middle-income countries.

Limitations

The study was conducted in one university in the Northwest of England. The sample size consisted of nine female student midwives mainly white, British, and aged between 20 and 35 years. The students' prior experiences of death and dying were not considered or how these could influence the simulation experience. This limits the transferability of the findings to other healthcare students including male students and those from more diverse gender and cultural groups. Therefore, future research should consider these aspects.

The students volunteered to participate in the study, which may imply a deeper interest in learning more about bereavement care. Therefore, it is difficult to conclude that the findings truly represent the voice of all students. Given the subjective nature of IPA, it is possible that if the students were to be interviewed again by a different researcher, they could offer different narratives and recollections of the experience.

Implications for Practice

There are variations in bereavement education meaning that no standardised approach exists within undergraduate midwifery courses, nationally and globally. This may limit students' learning about care for bereaved parents and leave them feeling ill-prepared when first encountering such situations. Increased exposure to bereavement simulation using actor-based scenarios with varying degrees of complexity will offer students the opportunity to reflect on their communication skills and receive, constructive feedback within a psychologically safe and supportive learning environment. This can positively impact on student midwives' practice and emotionally support both parents along their journey of grief.

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