Jurnal Kesehatan
Vol. 19, No. 2, September 2026, pp. 143~156
p-ISSN: 1979-7621, e-ISSN: 2620-7761, DOI: 10.23917/jk.v19i2.14889

Strategies for Improving the Quality of Midwifery Clinical Learning Through *Preceptorship: A Systematic Literature Review*

Shinta Maya Sari[1], Aldina Ayunda Insani[2*]

[1]Midwifery Study Program, Master's Program, Faculty of Medicine, Andalas University
[2]Department of Midwifery, Faculty of Medicine, Andalas University

How to cite: Sari, S. M., & Insani, A. A. Strategies for Improving the Quality of Midwifery Clinical Learning Through Preceptorship: A Systematic Literature Review. Jurnal Kesehatan, 19(2), 143–156. https://doi.org/10.23917/jk.v19i2.14889

Article Information

Article History:
Submission: 19 December 2025
Revision: 8 June 2026
Reception: 17 August 2026

Keywords: Clinical competence, clinical learning, midwifery education, midwives, preceptorship

ABSTRACT

Introduction: preceptorship plays a critical role in enhancing the quality of clinical learning in midwifery education by bridging the gap between theory and practice. This systematic review aimed to identify effective preceptorship strategies that improve clinical learning outcomes for midwifery students and newly qualified midwives. **Method**: a systematic search was conducted following PRISMA guidelines using PubMed and ScienceDirect databases for studies published between 2020 and 2025. Study selection was guided by the PICOS framework, resulting in the inclusion of 12 eligible studies. Data were analysed using a narrative synthesis approach. **Results**: the review identified four key factors influencing successful preceptorship: supportive interpersonal relationships between preceptors and students, preceptor competence and pedagogical preparedness, innovative learning models such as peer learning and collaborative facilitation, and strong institutional and policy support. Effective preceptorship was associated with increased student confidence, reflective practice, learning autonomy, and smoother transition to professional practice. **Conclusion**: preceptorship is a transformative strategy for strengthening midwifery clinical education. Sustained investment in preceptor development and education–service collaboration is essential to ensure high-quality, woman-centred clinical learning.

Corresponding Authors: (*)
Department of Midwifery, Faculty of Medicine, Andalas University, Padang Limau Manis, Pauh, Padang, Sumatera Barat, Indonesia
Email: aldinaayundainsani@med.unand.ac.id

INTRODUCTION

The quality of midwifery education is the main foundation in building a resilient and high quality maternal and child health system. Competent, confident, and reflective midwives are not only at the forefront of efforts to reduce maternal pain and mortality rates, but also in ensuring a positive maternity experience and women centered care. In this context, a meaningful and structured clinical learning process is a critical element that determines the readiness of midwifery graduates to carry out their professional roles (ICM, 2024).

Preceptorship has been recognized globally as a strategic approach to ensure the quality of the transition from an academic environment to a complex world of professional practice. The International Confederation of Midwives (ICM) (2024) defines preceptorship as a clinical guidance process carried out by experienced midwives (preceptors) to support midwifery students in achieving Essential Competencies for Midwifery Practice. Preceptorship emphasizes a reflective, collaborative, and women centered learning process, so that it is not only technical training, but also in the form of comprehensive mentoring.

The philosophy in preceptorship leads to the principles of adult learning (andragogy) and experiential learning. ICM (2026) emphasizes that this approach views active students as learners who engage in reflective collaboration with their teachers. This process is in line with the vision of the Royal College of Midwives (RCM) (2022) which sees preceptorship as a "period of enhanced support" and creates a midwife-woman relationship based on respect, empathy and equality.

Preceptorship according to the Nursing and Midwifery Council (NMC) (2020), is an important structured stage for new midwives to incorporate theoretical knowledge into the context of real practice. This stage aims to foster confidence, clinical autonomy, and professional identity. This process serves as an important means to reduce the "reality shock" that new healthcare workers often experience in the field.

Preceptorship is an important part of the educational and healthcare environment, not a stand-alone initiative. The United Nations Population Fund (UNFPA, 2020) emphasizes that a system-based approach is essential for preceptorship because this process can only work if there is national policy support, standardized curriculum, and an ongoing monitoring system. Without this structural support, preceptorship will only risk becoming a temporary and unsustainable program.

Preceptorship has a strong philosophical and policy foundation, but there are many problems or challenges from various aspects that hinder its implementation in the field. There are several challenges such as the limited number of competent preceptors, high clinical workload, lack of formal incentives and recognition, and gaps between the educational curriculum and the actual state of health care in the field (ICM, 2024; RCM, 2024).

To address the complexity of this problem, a comprehensive and contextual approach is needed. Various models and frameworks have been developed by RCM (2024) and UNFPA (2020), including preceptor training and certification, establishment of ideal mentorship ratios, and digital technology integration (e-preceptorship). However, it is still necessary to calculate and analyze such strategies to ensure that this method of preceptorship is effective.

There is an urgent need to gather the latest information on strategies that have proven to be effective, due to differences between theory and practice, as well as differences in the implementation of preceptorship across institutions. It is crucial for decision-makers in educational institutions, healthcare facilities, and governments to understand this thoroughly.

The main question of this systematic review is what strategies are effective to improve the quality of clinical learning for midwives (midwifery students and new midwives) through preceptorship programs. This study aims to find, evaluate and synthesize empirical evidence on models, methods and intervention of prepreceptorship that improve clinical competence, confidence, practice reflection and learning satisfaction.

LITERATUR REVIEW

Clinical learning is a core component of midwifery education, providing an essential context in which students integrate theoretical knowledge, technical skills, and professional values into real-world clinical practice. However, various reports indicate that clinical learning continues to face challenges, including inadequate structured supervision, discrepancies between educational curriculum and the realities of healthcare delivery, and a limited number of clinical educators with adequate pedagogical competencies (ICM, 2024; UNFPA, 2020). These conditions may compromise the quality of students' learning experiences and subsequently affect the preparedness of newly qualified midwives for professional practice.

Preceptorship has emerged as a clinical learning strategy designed to address these gaps. It is a clinical mentorship model based on a professional partnership between an experienced midwife (*preceptor*) and a student or newly qualified midwife (*preceptee*), grounded in the principles of adult learning (*andragogy*) and experiential learning (Hidayat & Mufdlilah, 2018). Unlike conventional supervision, which tends to be predominantly instructional and lacks a systematic framework, preceptorship emphasizes a reflective, collaborative, and continuous relationship throughout the clinical learning process.

International Confederation of Midwives (ICM) recognizes preceptorship as a strategic component of midwifery education systems for supporting the achievement of the *Essential Competencies for Midwifery Practice*. ICM emphasizes that preceptorship extends beyond the supervision of clinical practice; it is also a process of professional identity formation that fosters critical thinking, ethical accountability, and woman-centred midwifery practice (ICM, 2024; ICM, 2026). This approach is consistent with the humanistic philosophy of midwifery, which conceptualizes students as active learners and partners in the educational process.

The United Nations Population Fund (UNFPA, 2020) further strengthens this perspective by conceptualizing preceptorship as a system-based approach, emphasizing that it should be integrated into both educational and healthcare policies. Within this framework, the success of preceptorship is determined not only by the individual competence of preceptors but also by institutional support, standardized training, and continuous monitoring and evaluation systems. Implementation studies from different countries suggest that preceptorship models integrated within broader health and education systems can improve the consistency and quality of clinical learning, although challenges related to policy continuity and sustainable financing remain (Raposo et al., 2025).

From a professional regulatory perspective, the Nursing and Midwifery Council (NMC) and the Royal College of Midwives (RCM) view preceptorship as an important transitional phase from formal education to independent professional practice. Preceptorship provides a supportive and psychologically safe environment in which newly qualified midwives can develop clinical confidence, professional autonomy, and reflective practice while working within complex healthcare environments (NMC, 2020; RCM, 2022). This approach emphasizes empowerment, reflection, and psychosocial support as key components of high-quality clinical learning.

A growing body of empirical research supports the effectiveness of preceptorship in improving the quality of clinical learning in midwifery. Consistent and supportive relationships between preceptors and learners have been associated with improvements in clinical competence, learning motivation, and student satisfaction during clinical placements (Bradshaw et al., 2024; Valiani & Mokhtari, 2024). Furthermore, the quality of

preceptorship appears to be influenced more strongly by preceptors' pedagogical competence, empathetic communication, and reflective abilities than by clinical skills alone (Lafrance & Brunet-Pagé, 2024). These findings highlight that the quality of clinical learning is shaped not only by exposure to clinical cases but also by the quality of the educational relationship between preceptors and learners.

The literature also identifies several challenges to the implementation of preceptorship, including high preceptor workloads, limited time for supervision, and insufficient institutional recognition of the preceptor role (RCM, 2022; UNFPA, 2020). Without adequate systemic support, preceptorship may become an administrative formality rather than an effective educational strategy, thereby limiting its potential impact on clinical learning quality and preceptor well-being. Overall, preceptorship can be regarded as a key strategy for enhancing the quality of midwifery clinical education, extending beyond the development of technical competencies to encompass professional identity formation, ethical practice, and critical reflection.

METHOD

This study employed a systematic review design to synthesize empirical evidence on preceptorship strategies in midwifery education. The systematic review protocol was developed in accordance with the *Preferred Reporting Items for Systematic Reviews and Meta-Analyses* (PRISMA) guidelines. A comprehensive literature search was conducted in two electronic databases, PubMed and ScienceDirect, covering studies published between 2020 and 2025. These databases were selected because of their broad coverage of international literature in midwifery, nursing, and health professions education. PubMed is a major database for biomedical and health-related literature, whereas ScienceDirect provides access to a broad range of journals addressing health professions education and clinical practice. To minimize the risk of missing potentially relevant studies, a manual search of the reference lists of eligible articles was also conducted. Nevertheless, restricting the search to two databases may have increased the risk of selection bias, which is acknowledged as a limitation of this review.

The search strategy was developed using a combination of keywords and Boolean operators related to the study population, intervention, and outcomes ("Midwifery" OR "Midwives" OR "Student Midwife") AND ("Preceptorship" OR "Preceptor" OR "Clinical Preceptorship" OR "Clinical Supervision") AND ("Clinical Competence" OR "Education" OR "Learning" OR "Quality Improvement"). The initial search identified 132 potentially relevant records. The study selection process was conducted independently by two reviewers through title, abstract, and full-text screening based on predefined inclusion and exclusion criteria. Any disagreements between the reviewers were resolved through discussion to reach consensus. When consensus could not be achieved, a third reviewer was consulted to make the final decision. Statistical assessment of inter-rater reliability was not performed and is acknowledged as a methodological limitation of this review.

Following the identification stage, duplicate records were removed, resulting in 126 unique records. These records underwent initial screening based on their titles and abstracts to determine their relevance to the research question. The screening process involved direct assessment by the reviewers to ensure the accuracy of study selection and minimize potential selection bias. The predefined inclusion and exclusion criteria were applied consistently throughout the screening process. Studies were eligible for inclusion if they focused on preceptorship strategies within the context of midwifery education, involved midwifery students or newly qualified midwives, and were published between 2020 and 2025. Studies were excluded if they focused primarily on other health professions

or disciplines, did not address preceptorship, or did not report empirical data relevant to the review question.

The selection process was further guided by the PICOS framework, comprising *Population, Intervention, Comparison, Outcomes,* and *Study Design*. Based on the PICOS assessment, 12 studies were considered substantially relevant to the review question and were included in the final synthesis. The methodological quality of the included studies was assessed using the Mixed Methods Appraisal Tool (MMAT), version 2018. The MMAT was selected because it enables the methodological appraisal of studies employing qualitative, quantitative, and mixed-methods designs, which were represented among the studies included in this review.

Quality appraisal was conducted independently by two reviewers. Disagreements between reviewers were resolved through discussion until consensus was reached. The methodological appraisal results were considered when interpreting and synthesizing the evidence from the included studies.

Table 1. Study Quality Assessment Using MMAT (2018)

No	Author & Year	Design	Q1 Filtering*	Q2 Filtering*	MMAT Criteria Met (1–5)	Quality
1	Thomas et al., 2023	Qualitative	✓	✓	4/5	Height
2	Spets et al., 2024	Quantitative (cross-sectional)	✓	✓	4/5	Height
3	Neiterman et al., 2022	Qualitative	✓	✓	5/5	Height
4	Ouellet et al., 2024	Qualitative (phenomenology)	✓	✓	5/5	Height
5	Widarsson et al., 2025	Mixed method	✓	✓	4/5	Height
6	Wier S Lake, 2022	Qualitative	✓	✓	4/5	Height
7	Zwedberg S Barimani, 2021	Qualitative	✓	✓	4/5	Height
8	Kobekyaa S Naidoo, 2023	Qualitative	✓	✓	3/5	Medium
9	Lafrance S Brunet-Pagé, 2025	Qualitative	✓	✓	4/5	Height
10	Kearney et al., 2025	Qualitative	✓	✓	4/5	Height
11	Stulz et al., 2025	Quantitative (survey)	✓	✓	3/5	Medium
12	Bradshaw et al., 2025	Qualitative	✓	✓	4/5	Height

Quality assessments show that most of the included studies show good methodological quality. The majority met four or more MMAT criteria, indicating a relatively low risk of bias. Two survey-based studies showed moderate quality due to limitations in sample representation and potential response bias, but remained relevant for narrative synthesis.

Table 2. Inclusion and exclusion criteria based on the PICOS *framework*

PICOS Components	Inclusion Criteria	Exclusion Criteria
Population	Midwifery preceptors, midwifery students, and new midwives in the context of midwifery clinic education.	Preceptors or students from other health disciplines (nursing, medicine) without separate analysis for midwifery.
Intervention	Preceptorship strategies, models, or programs specifically designed to improve the quality of clinical learning (preceptor training, *peer-learning model*, step-by-step supervision system, *digital preceptorship*).	A common clinical learning strategy that is not specifically related to or named as a preceptorship intervention.
Comparison	Standard/no specific intervention preceptorship, other preceptorship strategies, or pre- and post-intervention comparisons.	There were no clear comparison or comparison groups in the studies.
Results	At least one outcome related to improving the quality of clinical learning (increased clinical competence, confidence, reflection skills, learning satisfaction, retention of new midwives, or improvement of professional identity).	Only report financial, administrative, or other outcomes that are not directly related to the clinical learning process or outcomes.
Study Design	Observational studies (cohort, cross-sectional), qualitative studies, randomized controlled trials (RCTs), *quasi-experiments*, *mixed-methods*. Published in Indonesian or English within the last 5 years (2020 - 2025).	Case reports, editorials, opinions, comments, studies that are not available in full text, or research protocols with no results.

The entire study selection process was visually documented using a PRISMA flow diagram. This diagram represents the journey of study identification, screening, eligibility, and inclusion, from the initial number to the studies that ultimately met the criteria. Articles that passed the selection process then underwent data extraction. Subsequently, the data were synthesized using a narrative synthesis approach. This synthesis focused not only on the effectiveness of the interventions but also explained the context, mechanisms, and factors influencing the successful implementation of preceptorship strategies.

RESULTS AND DISCUSSION

The initial comprehensive search identified 132 titles and abstracts for screening. After an indepth evaluation, 12 studies were selected for inclusion because they met the established criteria and were considered relevant to this review. The detailed characteristics of these included studies were organized based on the PICOS framework and summarized in Table 2. This table provides an overview of the key details of each study, including the study title, authors & year, study type, study model, type of intervention, subjects involved, assessment, and study outcomes.

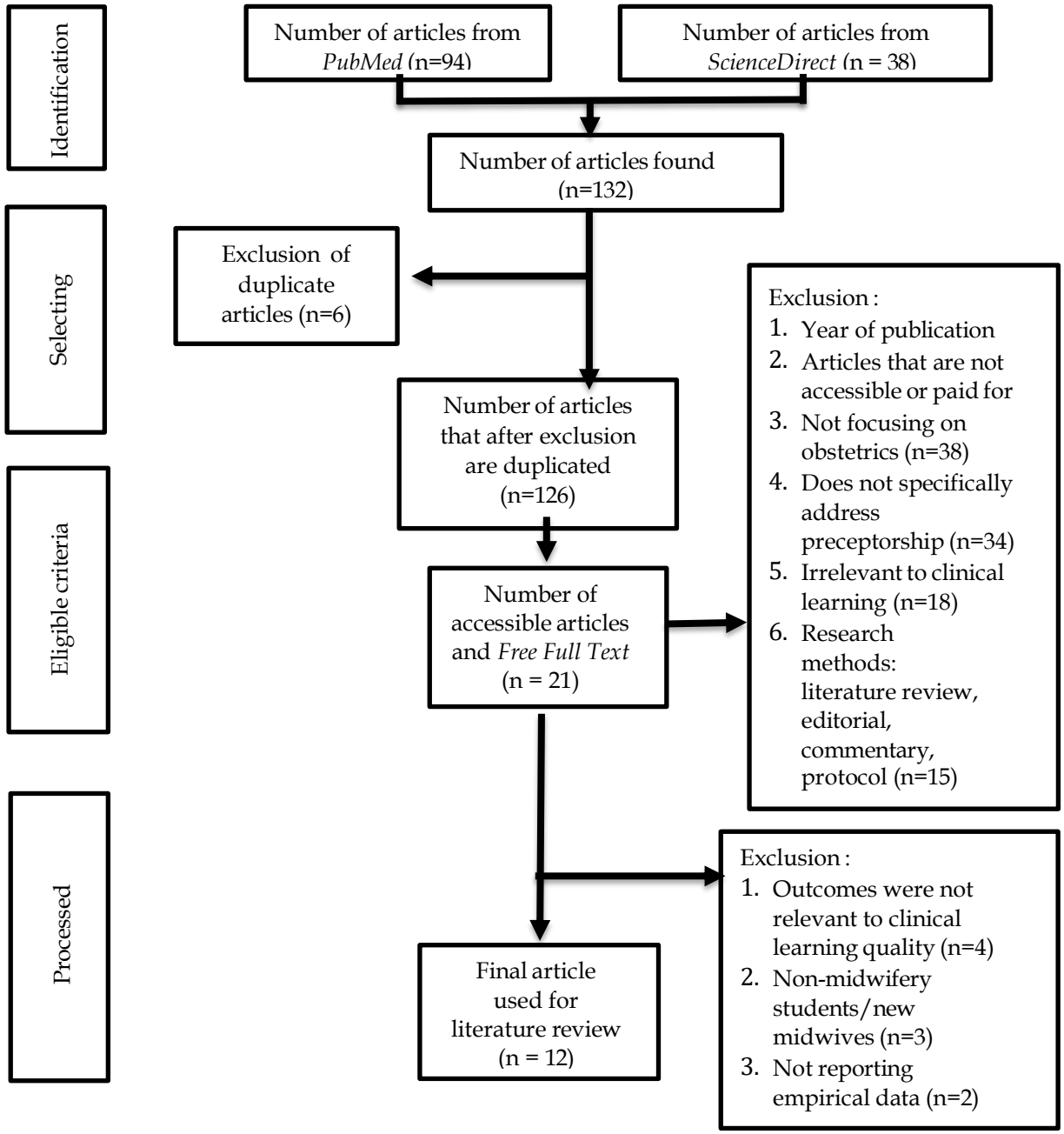

Figure 1. Diagram PRISMA

Clinical learning is an important foundation in midwifery education, where students not only hone technical skills, but also build a women-centered professional identity. Preceptorship as a model of clinical assistance by competent preceptors, has been recognized globally as a strategic approach to bridging the gap between theory and practice. Based on the analysis of 12 empirical journals and theoretical frameworks from professional organizations such as ICM, NMC, RCM, and UNFPA, this study identifies a number of key themes that are relevant to efforts to improve the quality of midwifery clinical learning through preceptorship.

Table 3. Extraction 12 Studies (*PubMed & ScienceDirect* 2020–2025)

No	Study Title (Researcher & Year)	Method	Purpose	Types of Interventions	Key Results
1	Midwifery professional placement: Undergraduate students' experiences with novice and expert preceptors (Thomas et al., 2023)	Qualitative	Explore the experience of midwifery students working with "novice" and "expert" prescribers	Preceptorship model (beginner vs member)	Expert preceptors create a sense of security, increase confidence, and facilitate reflection; novice prepreceptors are inconsistent, thus hindering learning.
2	Midwife's views on preceptorship and peer learning in the birth unit (Spets et al., 2024)	Quantitative – cross- section	Assess midwives' perceptions of the role of preceptorship and peer-learning	Preceptorship + peer learning	Peer learning strengthens preceptorship; However, preceptors need pedagogical training and organizational support.
3	"They hold your destiny in their hands": Power dynamics in the student- preceptor midwifery relationship (Neiterman et al., 2022)	Qualitative	Exploring power dynamics in student-preceptor relations	Relationship professor	Power imbalance occurs due to one-sided evaluation, lack of communication, and hierarchy; Safe relationships improve clinical learning.
4	Discovering the unseen: Transformative learning experiences in the continuum of care placement (Ouellet et al., 2024)	Phenomenology	Identify transformative learning processes in continuity of care practice	Tutoring in sustainable practice (COC)	Preceptorship facilitates deep reflection, strengthens professional identity, and enhances the ability to support physiological delivery.
5	Learning in pairs in Swedish maternity wards: A win- win approach for midwifery and students (Widarsson, 2025)	Mixed method	Evaluating pair-learning in preceptorship	Paired learning + preceptorship	This model improves learning efficiency, reduces the burden of the prepreceptor, and increases student security.
6	Making the transition: The experience of third-year students and newly qualified midwives as registered midwives (Wier S Lake, 2022)	Qualitative	Delving into the experience of transitionin g to self- practice	Preceptorship during transition period	Supportive preceptorship → easier transition, accelerates adaptation, increased self-efficacy, and reduces clinical transition anxiety
7	When student midwives are present during	Qualitative	Exploring parents' perceptions of	Peer learning + preceptorship	Parents accept this model when the prescriber ensures safety, good

No	Study Title (Researcher & Year)	Method	Purpose	Types of Interventions	Key Results
	childbirth in a peer learning model (Zwedberg S Barimani, 2021)		student attendance in peer- learning		communication, and the role of the student is clear.
8	Collaborative clinical facilitation at nursing S midwifery colleges, Ghana (Kobekyaa S Naidoo, 2023)	Qualitative	Identify the collaborativ e experience of preceptorship	Collaborative : clinical preceptor + educator	Collaborative facilitation is effective in improving communication and learning, barriers: lack of receptors S lack of coordination.
9	Early and continuing education needs for midwifery (Lafrance S Brunet, 2025)	Qualitative	Identifying the educational needs of the prescriber	Preceptorship training	Preprecceptors require pedagogical education, coaching skills, and consistent clinical evaluation training.
10	Qualitative analysis of Australian midwifery students' perspectives on clinical placement experiences (Kearney et al., 2025)	Qualitative	Identify the characteristics of clinical learning enhancers/ inhibitors	Supervision	The quality of preceptorship greatly determines the quality of learning; Problems arise when the Receptor is not trained or overloaded.
11	Midwives' perception of support for recent graduates (Stulz et al., 2025)	Quantitative surveys	Assess midwives' perceptions of support for new graduates	Preceptorship for recent graduates	The preceptor felt that organizational support was minimal; workload affects the quality of tutoring; Preceptor training is required.
12	Midwifery students and preceptors share practical assessment experiences (Bradshaw et al., 2025)	Qualitative	Exploring the experiences of students and preceptors in the practice assessment process	Assessment tool + preceptorship	Assessment is more effective when the preceptor understands the rubric; Challenges arise when the preceptor is poorly trained using evaluation tools.

Tutor-Student Interpersonal Relationship as a Foundation for Learnning

Strong interpersonal relationships between the prescriber and the student are the dominant themes in most journals. Thomas et al. (2023) found that college students who felt emotional support from the prescriber showed increased confidence and courage to perform clinical actions. Conversely, negative or stressful relationship dynamics can reduce students' motivation to ask questions or discuss cases (Neiterman et al., 2022). These findings suggest that the quality of interpersonal interaction not only affects student comfort, but also impacts the formation of clinical and professional capabilities.

ICM (2024) emphasizes that the prescriber must show an attitude of empathy, openness, and therapeutic communication. If these principles are applied consistently, students can understand the clinical reasons behind actions and develop critical thinking skills. The quality of interpersonal relationships serves as a key determinant of the

effectiveness of clinical learning.

Collaborative and Innovative Clinical Learning Models

Multistakeholder collaboration is proving to be an important component that strengthens the effectiveness of clinical learning. Kobekyaa S Naidoo (2023) explain that collaborative clinical facilitation involving theoretical educators, clinical preceptors, and students is able to enrich the learning experience through team mentorship and clinical conferences. This model is in line with the ICM (2024) recommendations that emphasize educational service partnerships as the foundation of preceptorship, where a solid partnership between academia and practice is key to the success of clinical learning. This approach is also in line with the philosophy of RCM (2024) which emphasizes collegiality and collaborative learning as part of humanist preceptorship practices. However, obstacles such as lack of communication between educational institutions and service facilities can interfere with the smooth running of this process.

Widarsson et al. (2025) found that the Learning in Pairs (LiP) model is not only efficient, but also supports collaborative learning and shared reflection. In addition, it encourages students to take the initiative and take responsibility for their own learning. This approach is in line with the principle of andragogy which places students as active learners, in accordance with ICM (2024) and NMC (2020) standards.

The peer-learning model is an innovative strategy that not only supports students, but also eases the burden on the preceptor. This model is effective in increasing students' confidence and allowing them to observe and support each other. This is in line with the research of Zwedberg S Barimani (2021) which confirms that peer-learning or the presence of two midwifery students during childbirth is positively received by patients and families, because they feel more accompanied and safe. Their involvement in the clinic's learning process not only enriches the student learning experience, but also strengthens the relationship between midwifery practice and society, which is in line with a woman-centered philosophy of care.

Ouellet et al. (2024) show that placement in a birth center clinic with a continuity of care (CoC) approach facilitates a transformative experience for students in supporting physiological delivery. A "low-tech" and female-focused environment allows students to develop relational autonomy and narrative competence. This approach aligns with ICM's philosophy of emphasizing female-centered care at the core of midwifery practice.

The need for a contextual and responsive curriculum is also an important finding. Kearney et al. (2025) emphasize that students' clinical experiences are greatly influenced by the fit between theory and field reality. Because there is a difference between theory and practice, students often feel unprepared for real-world complexities. There are advantages and disadvantages of these models. ICM (2021) encourages the flexibility of the clinical education model while remaining oriented towards the client's competence and safety.

Readiness and Competence of Receptors

Various journals affirm that the competence of the preceptor is a critical factor in the success of preceptorship. Lafrance S Brunet-Pagé (2025) emphasize the importance of continuing education for preceptors to strengthen pedagogic, communication, and mentoring skills. Without the support of such training, guidance becomes inconsistent and can hinder the student learning process.

This is in line with the ICM (2024) standard which affirms that the prescriber must have a combination of clinical, pedagogical, ethical, and culturally sensitive competencies. Unpreparedness of the preceptor can lead to inconsistent guidance, lack of supervision, and

inequity in student assessment. These findings point to the need for a formal training system, certification, and a prereceptor monitoring mechanism.

Ongoing clinical assessments were also a concern in some studies. Bradshaw et al. (2025) emphasize the importance of a clear and consistent assessment process, which not only evaluates outcomes, but also reflects the learning process. However, this is often constrained by a lack of preceptor continuity and high workloads. ICM (2024) recommends the use of objective and competency-based assessment instruments, as well as involving students in the self-evaluation process to foster a reflective attitude.

Challenges of Preceptorship Implementation and System Support

A variety of structural challenges were identified in this review, including high prereceptor workloads, lack of training, and limited clinical facilities. Kobekyaa S Naidoo (2023) explained that communication barriers between institutions cause unpreparedness for facilities to accept students. Spets et al. (2024) also found that the preceptor had difficulty integrating mentoring tasks with routine work due to the lack of organizational support.

The findings of Lafrance S Brunet-Pagé (2025) and the UNFPA report (2020) show that incentives, formal recognition, and specific time allocation are important prerequisites for the sustainability of preceptorship. In addition, power dynamics in the guidance relationship are also considered as an obstacle to conducting an objective assessment (Neiterman et al., 2022). To reduce bias in assessment, RCM (2024) suggests the application of measured competency assessment standards. All of these findings suggest that systems and policies must be put in place for preceptorship to run well.

There is evidence that preceptorship can also improve the quality of midwifery care. Stulz et al. (2025) showed that in the continuum of care model, preceptors provide more consistent clinical support to new midwives, thereby strengthening their confidence and adaptability. This shows that preceptorship has an impact on the educational process and the quality of service.

The Positive Impact of Preceptorship on Student Competencies and the Transition to Professional Practice

Preceptorship plays an important role in shaping the clinical competence and professionalism of midwifery students. Within the framework of global standards, ICM places preceptorship as a key strategy to ensure the achievement of Essential Competencies for Midwifery Practice, which includes clinical, communication, ethical, and female-centered care competencies (ICM, 2024). The preceptor serves as a role model that provides ethical and clinical examples, where both experienced and novice preceptors are proven to support learning in different ways; Expert preceptors provide more indepth technical feedback, while novice preceptors have an easier time building emotional closeness (Thomas et al., 2023). Both help strengthen safe clinical practices that comply with global standards as recommended by ICM (2024) and NMC (2020).

Preceptorship also contributes to increasing interprofessional collaboration and creating a positive learning culture in the clinic unit. Spets et al. (2024) show that structured guidance strengthens cross-professional communication, which is in line with the standards of interprofessional collaboration in maternity practice emphasized by ICM and RCM. NMC (2020) emphasizes that preceptorship encourages the development of students' critical and reflective thinking, which is the foundation of evidence-based midwifery practice. In the Indonesian context, strengthening this collaboration is relevant considering that maternal services often involve multidisciplinary teams in primary health facilities to referrals.

In addition to the learning aspect, emotional support from preceptors has been shown to affect student motivation and resilience. Neiterman et al. (2022) show that imbalanced power dynamics can inhibit learning motivation, while preceptors who create safe spaces to ask questions and try mistakes increase student engagement and confidence. This supportive approach reflects the principles of empowerment and supportive learning environment emphasized by NMC (2020) and RCM (2024). In the context of midwifery education in Indonesia, where the culture of the clinic hierarchy is still quite strong, the application of this approach is important to encourage student courage in clinical practice.

Deep reflection is also an integral component in professional development. Ouellet et al. (2024) show that the use of audio-diaries and group discussions helps students develop a critical awareness of their practice. This approach is in line with ICM's (2024) recommended experiential-reflective learning theory, in which clinical experience is processed through reflection to shape professional reasoning. This reflective approach is relevant for midwifery education in Indonesia which is encouraging the strengthening of reflection-based practices and competency portfolios.

At the system level, the quality of preceptorship is highly dependent on continuous monitoring and evaluation. Without a clear evaluation mechanism, the program risks becoming an administrative formality (Bradshaw et al., 2025). UNFPA (2020) recommends measurable indicators such as student satisfaction, retention of new midwives, and quality of care. In the Indonesian context, this monitoring system is important to ensure that the quality standards of clinical learning are in line with efforts to improve the quality of maternal and infant health services.

In the transition phase to become a registered midwife, preceptor support is a key factor. Wier S Lake (2022) found that new midwives often experience anxiety and pressure of professional expectations. The preceptor approach helps reduce the shock of reality and improve professional adaptation and identity (NMC, 2020). This transition phase often occurs in facilities with a high service load in Indonesia, so organized preceptorship can increase midwife retention while improving the quality of care.

Overall, the results of the 12 journals are in line with the global standard that preceptorship requires continuous training, collaboration between aspects of education and health services, and institutional support (ICM, 2024; RCM, 2022). According to Lafrance S Brunet-Pagé (2025) and Kobekyaa S Naidoo (2023), preceptor capacity building and multi-stakeholder engagement are essential. Strengthening the preceptorship system can be an important strategy to improve the quality of midwifery graduates, improve maternity services, and support the achievement of maternal and child health targets nationally in Indonesia.

This systematic review has several limitations. The number of included studies was relatively limited and predominantly consisted of qualitative designs, so the generalizability of the findings should be considered with caution. Heterogeneity in study designs, types of interventions, and outcomes resulted in a narrative synthesis without meta-analysis. In addition, the potential for publication bias could not be avoided because only studies published in English/Indonesian were included. The restriction to certain databases also means that some relevant studies may not have been identified. These limitations should be considered when interpreting the findings and provide a basis for recommendations for future research with broader data coverage.

CONCLUSION

According to a systematic review of 12 studies, as well as the theoretical frameworks of ICM, NMC, RCM, and UNFPA, it is confirmed that preceptorship is an important

strategy to improve the quality of learning in midwifery clinics. Its effectiveness is supported by four main elements: (1) a supportive interpersonal relationship between the prescriber and the student, which increases confidence, motivation, and reflective ability; (2) clinical, pedagogical, and communication competencies of the prescriber that determine the quality of guidance; (3) the use of innovative learning models such as peer-learning, collaborative learning, digital preceptorship, and continuity of care placement; and (4) institutional and policy support that includes time allocation, incentives, service education coordination, and a structured monitoring system.

Overall, preceptorships not only strengthen the clinical learning experience, but also support students' transition into competent, female-centered nurturing professional midwives. This approach has great potential to improve the quality of midwifery education and maternity services.

ACKNOWLEDGMENT

The author would like to thank all researchers whose work was included in this systematic review, as well as to educational and health service institutions that contributed to the development of midwifery clinic learning practices.

.

REFERENCES

Bradshaw, C., Duncan, S., Walsh, K., Carter, L. & McCarthy, J. (2025). *Midwifery students and preceptors' shared experiences of practice assessment: A qualitative descriptive study*. Midwifery, 104452. https://doi.org/10.1016/j.midw.2025.104452

Hidayat, A., & Mufdlilah. (2018). *Buku preseptorship dalam clinical teaching*. Nuha Medika.

International Confederation of Midwives (ICM). (2026). *ICM Global Standards for Midwifery Education – Companion Guidelines*. The Hague: International Confederation of Midwives.

International Confederation of Midwives (ICM). (2024). *Practical/Clinical Experience Supplementary Guide (ICM Global Standards for Midwifery Education)*. The Hague: International Confederation of Midwives.

Kearney, A., Brown, B., O'Connell, R. & Higgins, A. (2025). *A qualitative analysis of Australian midwifery students' perspectives of midwifery practice experience: Characteristics that enhance or diminish clinical education placements*. Women and Birth, 101887. https://doi.org/10.1016/j.wombi.2025.101887

Kobekyaa, E. & Naidoo, J.R. (2023). *Collaborative clinical facilitation in selected nursing and midwifery colleges in Northern Ghana*. Health SA Gesondheid, 28, 2121. https://doi.org/10.4102/hsag.v28i0.2121

Lafrance, J. & Brunet-Pagé, É. (2025). *Initial and continuing education needs for the professional development of midwifery preceptors*. Midwifery, 104406. https://doi.org/10.1016/j.midw.2025.104406

Nursing and Midwifery Council (NMC). (2020). *Principles for Preceptorship*. London: Nursing and Midwifery Council.

Neiterman, E., Beggs, B., HakemZadeh, F., Zeytinoglu, I., Geraci, J., Oltean, I., Plenderleith, J. & Lobb, D. (2022). *"They hold your fate in their hands": Exploring the power dynamic in the midwifery student–preceptor relationship*. Midwifery, 103430. https://doi.org/10.1016/j.midw.2022.103430

Ouellet, J., Abou Malham, S. & Loignon, C. (2024). *Discovering the invisible: Transformative learning experiences of midwifery students to support physiological birth during continuity of care placements in Québec's freestanding birth centres*. Women and Birth, 101835. https://doi.org/10.1016/j.wombi.2024.101835

Raposo NM, Yang O, Konyani A, Owoko C, Debrah A, Viera JR, Sonnie M, Mann J, van de Water BJ. (2025). *Implementation of a midwifery preceptor program in Sierra Leone: a qualitative evaluation using the Consolidated Framework for Implementation Research.* BMC Glob Public Health. 2025 Sep 9;3(1):81. https://doi.org/10.1186/s44263-025-00202-5

Royal College of Midwives (RCM). (2022). *Position Statement: Preceptorship for Newly Qualified Midwives*. London: Royal College of Midwives.

Royal College of Midwives (RCM). (2024). *Preceptorship Framework / Guidance*. London: Royal College of Midwives.

Spets, M., Barimani, M., Zwedberg, S., Tingström, P. & Ulfsdottir, H. (2024). *Midwives' views about preceptorship and peer-learning in a birth unit: A cross-sectional study*. Nurse Education Today, 106255. https://doi.org/10.1016/j.nedt.2024.106255

Stulz, V., Meier, S. & Horsch, A. (2025). *Midwives' perceptions of support for new graduates: A survey that compared support from midwives who provide continuity of care with midwives from other models of care.* Women and Birth, 38(6), pp.1-8. https://doi.org/10.1016/j.wombi.2025.102108

Thomas, K.J., Yeganeh, L., Vlahovich, J. & Willey, S.M. (2023). *Midwifery professional placement: Undergraduate students' experiences with novice and expert preceptors*. Nurse Education Today, 105976. https://doi.org/10.1016/j.nedt.2023.105976

UNFPA & Ministry of Health and Sanitation Sierra Leone. (2020). *Preceptorship Policy and Implementation Guidelines*. Freetown: UNFPA / MoHS Sierra Leone.

Valiani M, Mokhtari F. (2024). 'The effect of an internship program on the quality of preceptorship in midwifery education: perspectives of midwifery students', *Nursing and Midwifery Studies*, 13(2), pp. 116-124. https://doi.org/10.48307/nms.2024.408804.1236

Widarsson, M., Velandia, M., Pellfolk, M.G. & Kerstis, B. (2025). *Learning in pairs in Swedish delivery wards: A win–win approach for midwifery preceptors and students*. Midwifery, 104632. https://doi.org/10.1016/j.midw.2025.104632

Wier, J. & Lake, K. (2022). *Making the transition: A focus group study exploring third-year student and newly qualified midwives' experiences of becoming a registrant midwife*. Midwifery, 103377. https://doi.org/10.1016/j.midw.2022.103377

Zwedberg, S. & Barimani, M. (2021). *When student midwives are present during labour and childbirth in a peer-learning model: An interview study of parents in Sweden*. Midwifery, 103173. https://doi.org/10.1016/j.midw.2021.103173