

# Discursive constructions of student midwives' professional identities: A discourse analysis

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## ABSTRACT

**Background:** The construction and performance of professional identity is significant to broader socio-cultural understandings of who 'professionals' are and what they do. Importantly, it is also implicated in the development and enactment of policy, regulation, education, and professional practice. Professional identity is linked to self-esteem, self-efficacy, professional value, confidence and success. The salience of this in relation to midwifery practice is highly significant; aspects of autonomy, confidence, competence, responsibility, and accountability are all implicated in the provision of safe and effective care.

**Aim:** To explore how student midwives are constructed in the discourses of policy, professionalism, and learning, to provide new perspectives to inform, policy, education, and practice.

**Methods:** An adapted critical discourse analysis of the United Kingdom (UK) Nursing and Midwifery Council's 2009 Standards for pre-registration midwifery education, using a three-step process: exploring discourse at the level of (1) discursive practice (2) linguistic features of the text, and (3) social practice.

**Findings/ Discussion:** The discourses that relate to midwifery education and practice emerge within socio-political and historical contexts. Constructions of identity are articulated through a rule-bound framework which includes competence, confidence and 'good health and good character'. There is a requirement for midwives to 'be' responsible, accountable, autonomous, professional, competent, and confident. Regulatory power is reinforced through medico-legal discourses, with the status of midwifery discursively presented as inferior to medicine.

**Conclusion:** According to the Standards, midwives *must be* a lot of things in their role and function. The Standards' discourses are authoritative, legislative and controlling, creating an ideology about professional status and agency which constructs an 'imaginary autonomy'; becoming a midwife is more automatic (with the perception of control), than agentic. All of which has significance for the social practice of midwifery.

**Tweetable abstract:** 'How are midwives made? Discursive constructions of student midwives' professional identities: a discourse analysis.

## 1. Introduction

The construction and performance of professional identity is significant to broader socio-cultural understandings of who 'professionals' are, what they know and what they do. Importantly, professional identity is also implicated in the development and enactment of policy, regulation, education, and professional practice. Recent reports present a desperate picture of the impact of poor-quality maternity services in parts of the UK with key findings in relation to maternal and infant deaths - suggesting failings in aspects of emotional care and compassion, the assessment of risk, clinical care and competency, the escalation of concern, and poor practice (Knight et al., 2021; Ockenden, 2020;

Kirkup, 2022). While this picture is not representative of all maternity services in the UK or internationally, it makes for sobering reading.

The salience of this in relation to professional identity is highly significant; aspects of autonomy, confidence, competence, responsibility, accountability, and embodied selves are implicated in the findings of adverse event investigations in UK maternity services. The importance of professional identity as a concept "lies in its relationship to professional knowledge and action" (Watson, 2006, p.509). In respect of midwives' identities, professional knowledge and action are implicated in the provision of safe and effective care (Knight et al., 2021; Scottish Government, 2017; PSA, 2016). All of which provides an opportunity to explore how midwives' construct and perform 'identities', and what the

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provision of safe and effective care means in the context of professional knowing and being.

Concomitant with other professions, midwifery is subject to a regulatory framework which sets the standards for education and practice. In the UK, the Nursing and Midwifery Council (NMC) set those standards – for midwives, these are the ‘Standards of proficiency for midwives’ (SPM) (NMC, 2019). These standards set the absolute requirements for what midwives are expected to ‘be’. This research considers the preceding standards ‘Standards for Pre-registration Midwifery Education’ (SPRME) (NMC, 2009) which created the conditions for shaping midwives’ identities more recently registered with the NMC and practising as midwives within the NHS.

Professional identity is linked to self-esteem, self-efficacy, professional value, confidence, and success (PSA, 2016). Where there is a lack of professional identity the opposite applies. Aspects of professional identity are also fundamental in the provision of safe and effective care (Knight et al., 2021; Kirkup, 2022). It is important for these reasons that midwifery policy, learning and practice is informed by contemporary understandings of how professional identities are formed. This led to the following question: How are student midwives constructed in the discourses of policy, professionalism, and learning? To answer the question, this paper aims to explore discursive constructions of midwives in the Nursing and Midwifery Council’s Standards for pre-registration midwifery education (NMC, 2009).

## 2. Methods

### 2.1. Positioning Selves

This doctoral research commenced when the UK’s midwifery programmes were approved against the NMC, 2009 Standards of Proficiency for Midwives (NMC, 2009). In a convoluted way, it is a response to a question asked by a final year midwifery student, who in relation to her dissatisfaction with a grade she had been awarded in practice, asked ‘why do you not change things?’. As a Lead Midwife for Education and a Professor of Midwifery, we have a responsibility to look for solutions to the complex challenges which arise in day-to-day aspects of professional learning and development.

### 2.2. Theoretical framework

The study uses a social constructionist paradigm, proposed by Holstein and Gubrium (2013, p.253) as a means by which we can understand how ‘everyday realities are actively constructed in and through forms of social action’. This ontological perspective eschews the positivist notion there is an objective truth that can be measured and studied. Instead, it considers that multiple realities exist and that are constructed and co-constructed by individuals and the contexts within which they live. Fitting the constructionist paradigm, discourse analysis is an approach focusing on the meaning of social actions and practices in a socio-political context and helps to understand “how people think, what they know and how they speak about the world around us, and how their knowledge is culturally embedded” (Raby, 2002, p.30).

### 2.3. Discourse analysis

Critical discourse analysis drawing from Fairclough (1992) was used to provide a mechanism to explore how a regulatory policy - in this case the SPRME (NMC, 2009), constructs student midwives’ professional identities, creating preferred ‘subject positions’ for midwives to adopt, and how this impacts professional learning and practice (Dagg and Haugaard, 2016). The SPRME are an example of discursive formation predicating the construction of midwifery practice and education (Khan and MacEachen, 2021). Discourse analysis has the potential to see the overarching structural systems organising laws, rules, principles, individuals’ behaviour, and practice, and to develop and promote a sound

analytic that can capture important and implicit components of this complexity (Norris, 2002; Khan and MacEachen, 2021).

Social theorist Michel Foucault suggests that a subject, in this instance a midwife, is constituted by “all that was said, in all the statements that named it, divided it up, described it, explained it, traced its development, indicated various correlations, judged it, and possibly gave it speech by articulating in its name discourses that were taken as its own” (Foucault, 1972, p.32). What then is a midwife? Fairclough (1992, p.232) proposes that two features require consideration. The first is the nature of the ‘the communicative event’ or ‘instance of language use’. Here, the communicative event is the document SPRME (NMC, 2009). The second is ‘orders of discourse’ described as “total configurations of discursive practices in particular institutions, or indeed in a whole society” (Fairclough, 1992, p.9). The use of language and how language produces subjectivities and identities, constituting members in ways that define the possibilities for interaction in a particular context will be addressed in the discussion in relation to the key discursive signifiers which come together to organise the identities of midwives.

### 2.4. The three-step process of the analysis

The analysis was concerned with how the SPRME (NMC, 2009) as a communicative event draws from different discourse types and how this begins to outline the shape of midwives. A three-step process of critical discourse analysis was conducted as the means of interrogating the document (Fairclough, 1992, p.73), exploring discourse at the level of (1) discursive practice (2) linguistic features of the text, and (3) social practice. This three-step approach helps to understand how power and knowledge come together as policy and practice - and for this study, the implications that this has for the constitution of ‘midwives’ and ‘midwifery’. Here, the power and knowledge in question relate to the statutory and regulatory policy of the Nursing and Midwifery Council (NMC) and how this is constructed at the three levels as proposed by Fairclough (1992):

- (1) The production and consumption of the text - in what ways does the knowledge that emerges about midwives acquire authority as constitutive of ‘the truth of the matter’ in the texts? The front cover and the chapters of the SPRME (NMC, 2009) document were used for this part of the analysis.
- (2) What are the linguistic features of the text and what attributes would be expected of (student) midwives, as constructed in the text. The qualitative data analysis software NVIVO was used to text search and quantify words in the SPRME (NMC, 2009).
- (3) Social practice as the reproduction or restructuring of knowledge and meanings of ‘midwives’ and ‘midwifery’ and how this is implicated in the discursive construction and performance of (student) midwives’ professional identities.

Ethical approval for the broader research project of which this is a part was awarded by Edinburgh Napier University School of Health and Social Care Ethics Committee.

## 3. Findings and discussion

### 3.1. Step 1. Discursive practice

The first aspect of the analysis was concerned with how the SPRME (NMC, 2009) as a communicative event draws from different discourse types and how this begins to shape midwives (Fairclough, 1992). As a document there are sixty-eight pages of content including: a foreword and introduction, three separate sections detailing the standards in relation to the programme requirements for pre-registration midwives, the competencies and essential skills required to achieve these, and an appendix which details European Union directives in relation to the professional qualification of a midwife.

The front cover was considered first (Fig. 1) and key aspects of the sections of the document thereafter. The front cover of the SPRME (NMC, 2009) has features that make it recognisable as existing in the genre of policy documentation. The style of this document as policy is created by various means; the use of the logo, the wording, and the imagery, help to animate it as such. The tone of the intended relationship between the author and interpreter of the text is that of formality and officialdom. This is evidenced through the title: 'Standards for pre-registration midwifery education'. 'Standards for' is a 'declarative clause' and uses interactional control, understood as the means to establish the relationship between the author and the reader, setting the authoritative tone of the document (Fairclough, 1992, p.76). In respect of the significance of standards, here, the NMC through the SPRME (2009) are claiming what would-be midwives will need to achieve for entry to the profession of midwifery. In effect, the NMC articulates the standards to all possible stakeholders and through 'force of utterance' (Fairclough, 1992, p.75) of the title can convey the text as policy.

The second conceptual thread, the 'mode' furthers the contextual connection between the author and interpreter and is of a formal written-to-be-read style. This formality sets the text up as having an expository rhetorical mode, in that the function of the document is to explicate what these 'standards' for pre-registration midwifery are. The term 'pre-registration' alludes to there being a point at which these standards mediate access to a 'register', with 'midwifery education' as the means to do so. Furthermore, the title and the use of 'the standards' presupposes that there are no alternative texts in this domain.

By visualising the 'students' on the front cover of the document, the NMC shows us what student midwives 'look like'; and in doing so we start to see the emergence of the 'midwife' as being constructed through multiple and complex discourses. The first discourses visibly constructing identity are those of equality, diversity, and inclusion. The image suggests an organisation that positions itself as having an ethos of such. The depiction of the 'student midwives' signifies this, but only in respect of ethnicity and a binary representation of gender. Data published by the NMC (2018) do not reflect what is represented on the cover. It indicates for example, that only 0.3% of midwives are men. Black, Asian and minority ethnic groups are also underrepresented in the profession. For example, black African midwives make up 2.1%, Asian

Indian 0.6% and 84.4% are white Scottish, English or Irish (NMC, 2018). Nevertheless, the NMC produces student midwives as being overtly diverse in these two contexts.

Following this, discourses of professionalism trickle into the image in several guises. All the students are wearing a uniform of sorts, although there are differences between who is wearing what. That said, uniform is a means of operationalising 'professional' identities and can act as a rudimentary means of safeguarding the public from any would-be interlopers (MacDonald, 1995). The students wear their identification around their necks and appear to be adherent to the health and safety discourses which prescribe behaviours around appearances such as facial jewellery and hairstyle. While their lanyards are branded with the NHS logo, the students will not be employees and may be at risk of misleading the public as to their role and function. This badge of belonging does 'interpellate' (Althusser, 2000, p.33) them into the discourses of 'professional midwife' and the performance of 'NHS' identities.

In the Foreword of SPRME, the tone that is set is immediately authoritative, achieved by professional, legislative and management discourses. For example, it 'exists to safeguard', 'maintains a register', 'sets standards', 'deals swiftly' (NMC, 2009, p.2). It maintains this language throughout the document, but quickly introduces discourses relating to risk, education and training, and biomedicine. In the Foreword, interactional control is established through the use of the pronoun 'we' in respect of the NMC and the more formal use of 'nurses and midwives'. The use of 'we' is suggestive of conversational discourse (Fairclough, 1992, p.94). Although, as 'nurses and midwives' are referred to in the third person, the conversation being had by the NMC is not with them but with the wider public or 'stakeholders' as they are referred to. While the standards are written for and about midwives they are addressed to a different audience, although midwives are 'stakeholders' too. This reinforces the expository tone of the document and begins to raise some questions around subjugated professional status and agency.

Moving the analysis to the introduction of the SPRME, there are a multitude of intertextual references. These are described by Fairclough as 'the explicit presence of other texts in a text' (1992 p.10). In paragraph one and two, the text states that the NMC is 'required by the Nursing and Midwifery Order 2001 (the order)' that it 'establishes and maintains a register of qualified nurses and midwives [Article 5(1)]'. It states that the status of the Standards is 'mandatory and they gain their authority from legislation' - in this case, 'the Order and the NMC (Education, Registration and Registration Appeals) Rules 2004 (the Registration Rules)' (NMC, 2009, p.4). The footnotes attached to some of these visually reinforce this intertextual strength (see Box 1). These are visually the biggest footnotes in the document and seem almost to challenge the reader to dare to dispute any aspect of its legitimacy; in doing so they reinforce the authority of the document as 'the truth of the matter'.

### 3.2. Step 2. Linguistic features of the text

The next segment of the document 'Midwifery – the guiding principles' (NMC, 2009, p.4) shifts the focus to the ways in which the NMC construct midwives and their role and function. To explore the linguistic features of the text more closely in relation to what Fairclough describes as 'the ideational function of language' (1992 p.169) modality and transitivity - both aspects of 'the grammar of the clause' (NMC, 2009) were addressed.

Modality as a concept corresponds to the ways in which social relations are set up in the discourse and how these control 'representations of reality', and transitivity relates to 'agency, the expression of causality and the attribution of responsibility' (Fairclough, 1992, p.235,236). With modality the verb 'must' is the focus of attention, and with transitivity the state of 'being' and 'having' represented through the various forms of the verb 'to be' and 'have' (and variations thereof). This led to



Fig. 1. Front cover SPRME.

**Box 1**

Footnotes SPRME.

<sup>1</sup> The Nursing and Midwifery Order 2001 (SI 2002/253) as amended by the (www.opsi.gov.uk/si/si2007/20073101) European Qualifications (Health and Social Care Professions) Regulations 2007 (SI 2007/3101), and the (www.opsi.gov.uk/si/si2008/pdf/uksi\_20081485\_en.pdf) Nursing and Midwifery (Amendment) Order 2008 (SI 2008/1485), The Stationery Office, Norwich, (www.hmsso.gov.uk)

<sup>2</sup> Nursing and Midwifery Council (Education, Registration and Registration Appeals) Rules 2004 (SI 2004/1767) as amended by the Nursing and Midwifery Council, (www.opsi.gov.uk/si/si2005/uksi\_20053354\_en.pdf) (Education, Registration and Registration Appeals) (Amendment) Rules 2005 (SI 2005/3354) and the (www.opsi.gov.uk/si/si2007/20073101.htm) European Qualifications (Health and Social Care Professions) Regulations 2007 (SI 2007/3101), The Stationery Office, Norwich, (www.hmsso.gov.uk)

Box 1

looking at the context within which these words sit as part of a ‘text search’, which details the terms that immediately precede and follow the words. There are two means by which this data can be viewed; a diagrammatic representation in the form of a ‘word tree’ as indicated in Fig. 2, and as a list of occurrences as part of the text. The word tree, created with NVIVO, provides not only a means to explicate key data, but also an illustration of the anatomy of a discourse; coming together as ‘elements’ to form ‘orders of discourse’ (Fairclough, 1992, p.10). The modal auxiliary verb ‘must’ occurs 63 times in the document; for example, ‘must have the capacity to adapt to change’ (NMC, 2009, p.7). NVIVO assisted the process of looking more closely at how the words were used with other words in the document and facilitated the development of tables with which to map this as presented in Table 1.

As a feature of transitivity, the SPRME immediately constructs what midwives ‘are’ in the text of the Foreword: ‘midwives on our register are fit to practise’ (NMC, 2009, p.2). The subject here is the midwife who exists on the NMC register. To ‘be’ here, this midwife has met all the standards that follow in the document and has paid the necessary fee to register. The next clause ‘are fit to practise’ uses the verb ‘are’ and the process action ‘fit to practise’. The use of the third person plural of ‘to be’ indicates that fitness to practise is considered by the NMC as critical to ‘being’ a midwife. According to Althusser (2000), this immediately interpellates the subject as midwife into an elaborate and rule-bound framework of behaviours and practices. Fitness to practise is described by the NMC as being concerned with misconduct, competence, health, English language skills, convictions and cautions, and any determinations of impairment made by other regulators (NMC, 2017); with the remainder of the SPRME detailing how this is to be achieved.

The first use of ‘must’ is situated very early in the document in the context of ‘Safe and effective practice’ and stipulates the responsibility of ‘education programmes’ who ‘must’ design programmes to ‘prepare students to practice safely and effectively so that on registration, they can assume full responsibility and accountability for their practice as midwives’ (NMC, 2009, p.5). Here, the ideational function of language implemented by the NMC constructs the student as in transit to being fully responsible and accountable for practice at the point of registration. This leaves little doubt as to the degree of affinity that the NMC has regarding these conditions; by page 5 of the document, we have been made aware on two occasions that a midwife ‘is recognised as responsible and accountable’ (NMC, 2009).

The second use of ‘must’ and students occurs in the introduction as ‘Midwifery – the guiding principles’ (NMC, 2009, p.4) in relation to the process of ‘demonstrating competence’. This starts with a conundrum in that the ‘Guiding principles’ use language that suggests anything but guidance. If ‘students must demonstrate competence in’ (the range of

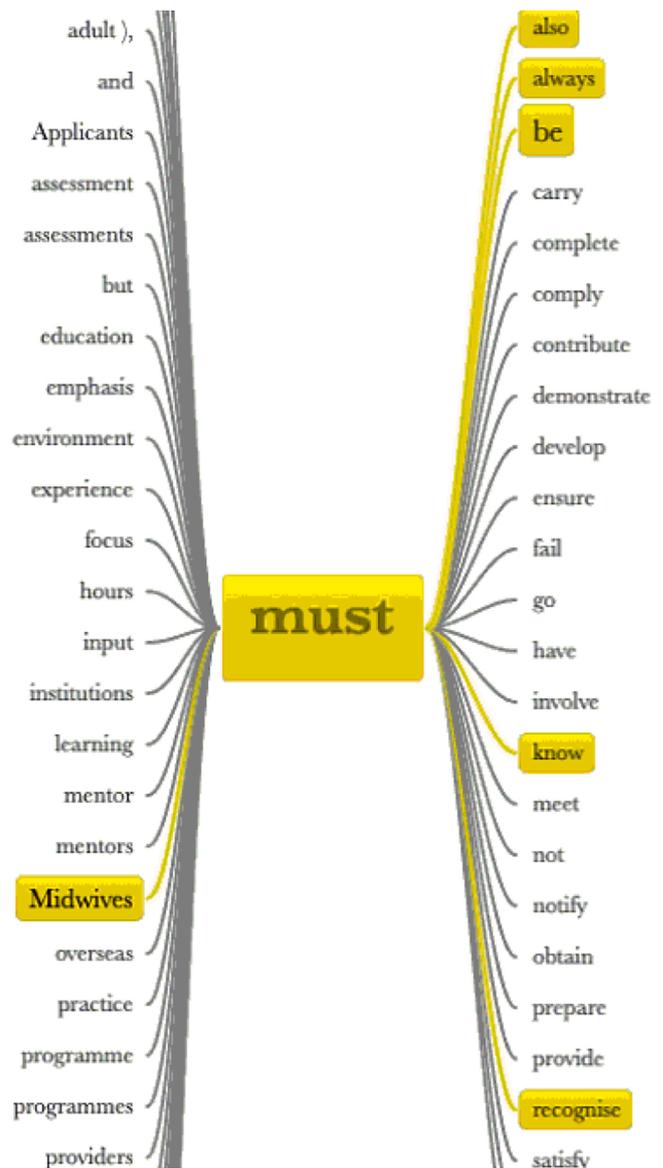


Fig. 2. Word tree of the word ‘must’.

**Table 1**  
Transitive analysis section.

Page and Para	Subject	Verb	Process – Action, event relational, emotional
4.6	Midwife	Is	Recognised as a responsible and accountable professional
	Midwife	Has	Important task in health counselling and education
5.3	Students	Must demonstrate competence in	Sound, evidence-based knowledge of facilitating the physiology of childbirth and the newborn, and be competent in applying this in practice

behaviours and skills which follow in the statements) there is a high degree of affinity to the proposition and little room for manoeuvre. Passive objective modality is used in the clause ‘students must’, a process referred to as ‘the systematic mystification of agency’ (Fairclough 1992, p.27). Here, the NMC is able to control ‘representations of reality’ and the ways in which midwives are constructed. This is achieved through the reduction of complex, context-relevant concepts such as ‘being autonomous practitioners’ and ‘being able to undertake critical decision-making’ (NMC, 2009, p.5), statements that negate influences such as agency and causality. Again, there is a presupposition that this is the ‘truth of the matter’ in respect of what ‘must’ happen. In these examples, the word ‘competence’ with ‘must’ is used three times in three consecutive statements. This ‘overwording’ can be seen as a sign of ‘intense preoccupation pointing to peculiarities in the ideology’ (Fairclough, 1992, p.193). As a final catch-all statement in the ‘Standards’ section, the ‘student must demonstrate competence’ in the prescribed list of ‘competencies’ and ‘essential skills clusters’ (NMC, 2009). This amounts to approximately 520 separate competencies and related ‘essential skills’; with the NMC informing us that this list is not exhaustive (2009, p.23).

### 3.3. Step 3. Social practice

This section is concerned with the ideological imperatives of SPRME, and how they reproduce, restructure, or transform knowledge in relation to midwives’ identities. The ‘significations and constructions of reality’ are built into discursive practices in various ways. For example, SPRME and the way the text uses intertextuality and interdiscursivity to strengthen its position and how it uses features of the text such as vocabulary, grammar, cohesion, and style to constitute the subject (Fairclough, 1992). The SPRME have an ideological effect and ‘interpellate’ subjects into the positions that it creates for them. Students therefore are ‘hailed’ (Althusser, 2000, p.33) by the discourses therein to the subject position of ‘midwife’ doing ‘midwifery’ and all that this is prescribed to be. The SPRME offer a means to focus on an ideologically oriented discourse analysis through the concept of the ‘ideological state apparatus’ (institutions such as education or the media). Here, a combination of regulatory and academic ideologies reinforces the subject positions that are available to student midwives, providing little scope for innovation or adaptation. Problematically, these can collide with the ideological positions that are made available in clinical practice, giving rise to conflicted understandings of professional identities. Social identities such as these are, according to Laclau and Mouffe (2015), always established relationally; in relation to something that they are not.

Much of the content of the current document’s content replicates previous versions of ‘standards’ for midwifery education. Since 1998, the main changes in the document are the addition of further layers of what it is that student midwives need to ‘do’ in the context of ‘essential skills clusters’ and as ‘E.U. Directives’ to ‘be’ a midwife (NMC, 2009). This is more concerned with reinforcement and less about restructuring or transforming existing knowledge. Taking the long view, this ‘order’

reproduces the ‘midwife’ with unflinching similarities over time. For example, the two standards which maintain the requirement to be of ‘good character’ (NMC, 2009, p.13) are evidenced as far back as 1662 (Thomas, 2009). During which period ‘good character’ was confirmable to ‘local churchwardens or a local clergyman’ and involved a substantial fee. Presently, documented confirmation of ‘good health and good character’ is the responsibility of both the student and the Lead Midwife for Education. It is part of SPRME as a ‘standard’ and therefore is a requirement for registration (which also involves a substantial fee). This constructs the ‘midwife’ in a social context as ethically and morally obliged to be ‘healthy’ and ‘good’. Defining what these terms mean in respect of this is less than straightforward these days (Giubilini et al., 2018).

Fairclough (1992, p.90) makes the argument that education should emphasise ‘critical awareness of ideological processes in discourse’. As such, illustrating how the ‘state apparatus’ operates to create obedience and compliance in midwifery may undermine the professional aspirations of students, the midwife then is a passive recipient of an ‘ideological effect’ over which they have little control. This takes the view that identities are somehow prefabricated in ideology and slipped on. The wearing of uniform provides a useful analogy of a material enactment of this. The ‘midwife’ is therefore positioned ideologically by SPRME in a way which ‘disguises the action and effects of the latter and gives the subject an imaginary autonomy’ (Fairclough, 1992, p.90); ‘becoming’ a midwife is more automatic (with the perception of control), than agentic. It is important to consider how this ‘imaginary autonomy’ manifests at a social level.

Autonomy as a concept is regularly referred to in professional discourses, however, the ‘social matrix’ of discourse within which this concept sits does little to support midwifery autonomy. Indeed, the degree to which the ‘midwife’ is held in place discursively in respect of professional characteristics is almost irrefutable. The omnipresence of nursing is felt at a structural level in respect of the of the ‘Nursing and Midwifery Council’; created as a response to the regulatory unification of individual professions required by the Nurses, Midwives and Health Visitors Act (1979) (Heagerty, 1997). The medical profession are also represented, possibly more visibly in the discursive ‘event’ that is SPRME. Medicine’s presence is immediately felt in the introduction to SPRME, with reference being made to the International Federation of Gynaecology and Obstetrics and their adoption of the international definition of a midwife, as ‘others’ in the ‘competencies’ and ‘essential skills clusters’ referral to whom is required when ‘care requires expertise beyond the midwife’s current competence’, and as ‘the doctor’ who almost gets the last word of the document (NMC, 2009). Of interest is that the term ‘others’ is used in the bulk of the text as a device that precludes the mention of ‘doctor’, ‘obstetrician’ or any other category of medical professional.

As a rhetorical device this enables the NMC to foreground ‘midwifery autonomy’, although ‘medical dominance’ hovers concomitantly throughout. For example, in sustaining ‘emergency measures until help arrives’ (NMC, 2009, p.51) that ‘help’ is undoubtedly medical. Similarly, the ‘appropriate professional’ to call ‘when care requires expertise beyond the midwife’s current practice, (NMC, 2009, p.69) or the needs of the woman or baby fall outside the scope of midwifery practice’ is unquestionably doctorly. Additionally: ‘To recognise the warning signs of abnormality in the mother or infant which necessitate referral to a doctor and to assist the latter where appropriate; to take the necessary emergency measures in the doctor’s absence and ‘To carry out treatment prescribed by a doctor’ (NMC, 2009, p.69). Ideologically, this acts to delineate those professional boundaries that should not be transgressed, and as a discursive practice maintains the status of midwifery as inferior to medicine.

If ideology is how subjects are discursively constituted, ‘hegemony’ is the device through which discourses prevail, are rearticulated, or dissolve (Laclau and Mouffe, 2015). Fairclough (1992) suggests that it can be understood as a matrix and as a model. As a matrix, the

'hegemony' of 'midwives' and 'midwifery' requires a 'degree of integration of local and semi-autonomous institutions, and power relations' (Fairclough, 1992, p.92). Here SPRME draw on the power of the 'Approved Education Institution' to reinforce its hegemonic strategy. 'Approval' in this instance means that the programme that has been prepared meets the standards set out in SPRME and has been audited by an NMC and NHS Education appointed approval panel. Thus, hegemony is achieved in respect of the social construction of 'midwives' through the integration of powerful institutions and the discourses therein. Hegemony as a model becomes significant as the 'theory of the decision taken in an undecidable terrain' (Laclau and Mouffe, 2015, p.xi), in other words, what comes to be taken for granted or appears as common sense over time. In the context of the SPRME this relates to how intertextuality, interdiscursivity, lexical and grammatical features combine to temporarily 'fix' the meaning of 'midwife' discursively. The NMC through SPRME has the power to give voice to important midwifery discourses, but also to silence them (Gee, 2014).

#### 4. Implications for practice

It is important that those involved in the development of professional policy and practice in midwifery recognise not only the ways in which standards enhance safe and effective practice, but the significance of context alongside this. Unlike the two-dimensional constructions of the SPRME, midwifery as it is constructed within the NHS, requires the development of the self alongside constantly shifting actors and terrain.

The provision of professional learning in midwifery therefore requires an understanding of what midwives 'must' be, and what they are 'able' to be in the context of practice. Where there is potential for misinterpretation of concepts such as autonomy, accountability and responsibility, exploration of this should be channelled through appropriate research and dissemination strategies. Midwives in all their professional identities have a collective responsibility to contribute to the knowledge that enables student midwives to competently enter the profession and safeguard its future. This research provides an opportunity to explore possibilities for development and change at a time of relative uncertainty as to what it means to have a 'professional identity' in midwifery.

#### 5. Strengths and limitations

This is the first analysis considering the SPRME as a discursive practice and the ways in which it constructs student midwives' identities. It provides a means to understand some of the taken-for-granted aspects of regulation and practice and the salience of these to the midwifery profession. It contributes to knowledge in respect of the effects of regulatory discourses and how these shape professional identity; and points to the significance language in the construction of the self and the social world. It highlights the need for those immersed in professional practice to recognise the 'ideologically invested discourses to which they are subjected' (Fairclough, 1992, p.90), and to call in to question aspects that may hinder professional progress. As a framework for analysis, it is a template that can be applied across professions and the discourses within which they are constructed.

It is acknowledged that analysis of the SPRME presents findings that suggest a 'polished, complete practitioner' (Mcluckie, 2021, p.31); rather than an inattention to the temporal and shifting aspects of identity development, the findings highlight a limitation of the standards. The analysis considers the SPRME as one aspect of the discursive practices that construct student midwives, with the understanding that there are many ways in which professional identities come into being; this was explored empirically in another part of the study.

#### 6. Conclusion

The discourses that relate to midwifery education and practice arise

in their socio-political and historical contexts. As such, many entanglements combine from the past into the present, and continue to shape the positions that student midwives as subjects can occupy. More broadly, the NMC constructs students within the discourses of equality, diversity, and inclusion by way of visual representation. Further, the discourses of health and safety and professionalism are surfaced through artefacts such as the lanyards and the wearing of uniform. Closer analysis of the standards brings the discourses of professionalism into view; articulated through concepts such as competence, confidence and the somewhat nebulous 'good health and good character' required. A strong sense of regulatory power is achieved through medico-legal discourses that reinforce the position of the NMC, particularly regarding what students 'must' do. This can be readily seen with the requirement to 'be' accountable, responsible, and autonomous practitioners, seeking to organise the subject positions that are available to the students, but discounting the challenges articulated by Ockenden (2020) and Kirkup, (2022) that emerge in the context of practice. The 'midwives' constructed in the SPRME are brought forth in the discourses of the SPRME and reflect the ideological imperatives of the NMC. The analysis considers the subject positions the SPRME makes available to 'midwives' and in doing so identifies that there is a requirement to 'be' many things. These 'midwives' are singularly reified in relation to the regulatory requirements and are not informed by any other perspectives implicated in the construction of professional identities. This absence of multi-perspectivism requires exploration of the impact that 'context' has in the construction and performance of midwives' identities and is the focus of empirical work conducted as part of this research.

#### Author agreement statement

We the undersigned declare that this manuscript is original, has not been published before and is not currently being considered for publication elsewhere.

We confirm that the manuscript has been read and approved by all named authors and that there are no other persons who satisfied the criteria for authorship but are not listed. We further confirm that the order of authors listed in the manuscript has been approved by all of us.

We understand that the Corresponding Author is the sole contact for the Editorial process. He/she is responsible for communicating with the other authors about progress, submissions of revisions and final approval of proofs.

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