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**Linköping University Post Print**



N.B.: When citing this work, cite the original article.

Original Publication:

Karin Forslund Frykedal, Michael Rosander, Anita Berlin and Mia Barimani, With or without the group: Swedish midwives' and child healthcare nurses' experiences in leading parent education groups, 2015, Health Promotion International.

<http://dx.doi.org/10.1093/heapro/dav082>

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<http://www.oxfordjournals.org/>

Postprint available at: Linköping University Electronic Press

<http://urn.kb.se/resolve?urn=urn:nbn:se:liu:diva-120839>

# **With or without the group: Swedish midwives and child health care nurses' experiences in leading parent education groups**

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Published in *Health Promotion International*  
doi: 10.1093/heapro/dav082

## **SUMMARY**

The aim of the study was to describe and to understand midwives' and child health care nurses' experiences of working with parent education groups through their descriptions of the role and what they find rewarding and challenging in that work. Data were collected through three open-ended questions from a web survey: "How do you refer to your role when working in parent education?" "What is the biggest challenge or difficulty for you when working in parent education?" and "What is most rewarding when working in parent education?" The answers were analysed by using qualitative content analysis and correlation analysis. The results show that the midwives and child health care nurses either included or excluded the group when describing their role as leaders and their influence on parents. The same applies to what they found rewarding and what was difficult and challenging for them in working with the groups. Primarily, the leaders who excluded the group expressed a lack of competence on a professional level in managing groups and using the right teaching methods to process the knowledge content. One important question to deal with is how to best support midwives and nurses in child health care to be prepared for working with parent education groups. One obvious thing is to provide specialized training in an educational sense. An important aspect could also be providing supervision, individually or in groups.

*Keywords:* Child health care nurses; Leadership; Midwives; Parent educational groups

## **INTRODUCTION**

An important task for midwives and child health care nurses is to provide parental support. This can be done as individual counselling or in some form of parent education group (also called, e.g. antenatal, perinatal or parental classes). Being a leader of such a group can be perceived as demanding and challenging, but also a source of joy and accomplishment. How a leader approaches this task may vary and, although some of the variation can be attributed to individual aptitude and interest, a great deal is based on the lack of specialized training in being a leader and a teacher for an educational group (Ahldén *et al.*, 2008; Barlow *et al.*, 2009; Lefèvre *et al.* 2013). A lack of training can also result in a lack of confidence in the role, further affecting how a person handles and perceives the task (Barlow *et al.*, 2009). Parents attending parent education groups have different expectations on the content and how it should be delivered, that is what format the education should have (Andersson *et al.*, 2012; Forslund Frykedal and Rosander, 2015).

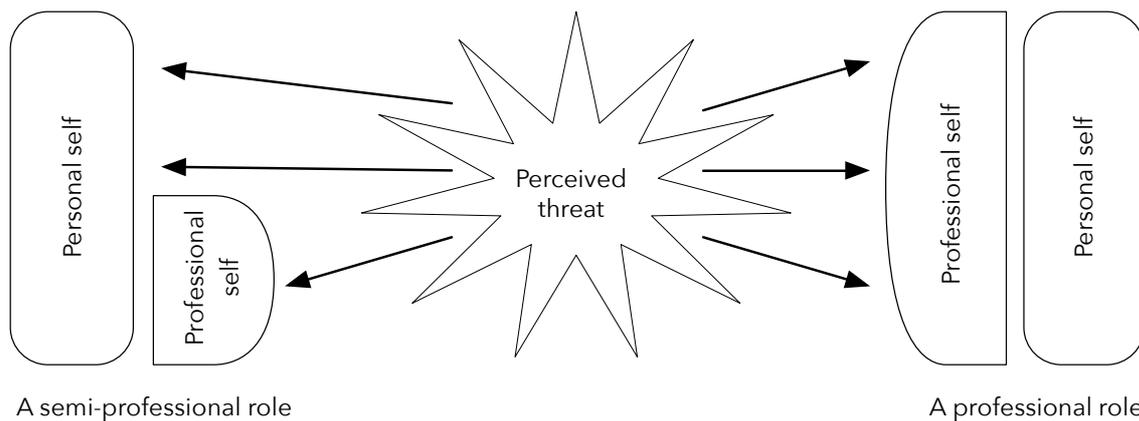
Internationally, parent education is typically offered up until two months post-birth, that is, antenatal and perinatal education (Bryanton *et al.*, 2013; Renkert and Nutbeam, 2001). In Sweden, where the current study was carried out, parent education groups are held during pregnancy and throughout the first year of the newly born child (Barimani and Hylander,

2012; Fabian *et al.*, 2005, 2006). During pregnancy, midwives in antenatal care organize and lead these groups. In early parenthood, when the child is 6 to 8 weeks old, nurses in child health care take over the role as providers of parent education. Parent education groups are an important health promotion offered to all expectant and new parents. The overall goals of parent education groups in Sweden are focussed on strengthening parents during pregnancy to enhance competence and coping as parents and to help create networks between parents (Fabian *et al.*, 2005, 2006; Lefèvre *et al.* 2013, 2014). The focus of this study is not on the different professions, but on the roles the midwives and nurses in child health care take on in parent education groups and how they experience the work with parent education groups. Hereafter, both will be referred to as leaders of these groups.

### **Theoretical framework**

Being a leader of an educational group requires different abilities. One needs to be proficient in the subject and also to know how to deliver it. Working with a group, one also needs knowledge of how a group works as well as an ability to handle group processes. Granström (1998, 2006) described this in terms of two different but complementary roles – leadership and teachership. *Leadership* consists of an ability to arrange and accomplish different modes of group activities. In addition, a skilful leader has the ability to lead and to activate the group members, irrespective of the type of practice. This role is significant for all social circumstances in the group and for the relationship between all involved individuals. *Teachership*, on the other hand, draws upon knowledge of how to manage theoretical proficiencies in the educational situation, as well as the ability to convey knowledge and to create learning opportunities for individuals in a group. Teachership thus includes both subject knowledge and knowledge of different pedagogical modes available in a learning situation. A leader of a parent education group needs knowledge and abilities involving both leadership and teachership.

Group members' perceived disinterest, questioning of the leader's competence, or silence can easily be attributed to personal shortcomings if the leader perceives him or herself as lacking abilities within the teachership and leadership roles (Granström, 1998). This can be understood in terms of efficacy beliefs (self-efficacy), that is, beliefs that one has the necessary abilities and resources to manage a specific task (Bandura, 1982, 2001). According to Bandura (2010), "People with a low sense of efficacy in a given domain of functioning shy away from difficult tasks, which they tend to perceive as personal threats" (p. 1476). Clarifying and developing one's professional leadership and teachership roles can act as protections or shields against these shortcomings (Colnerud and Granström, 2002; Granström, 1998). Figure 1 illustrates how competence in teachership and leadership, that is, a strong professional self, can protect a leader from perceived threats from group members or from the group itself (based on Colnerud and Granström, 2002). If personal and professional selves are mixed up or if the professional self is inadequate, both positive and negative perceived group behaviours can have a profound effect on the personal self (Day *et al.*, 2006). Using group supervision can help increase awareness of and sensitivity in one's professional role (Severinsson *et al.*, 2010).



*Figure 1.* How competence in teachership and leadership—i.e. a strong professional self—can protect a leader from perceived threats from group members (based on Colnerud and Granström, 2002)

### **Aim**

The aim of the study is to describe and to understand midwives' and child health care nurses' experiences of working with parent education groups through their descriptions of the role and what they find rewarding and challenging in that work.

## **METHOD**

### **The web questionnaire**

A web survey titled "Working with parent groups" was created with the survey tool Survey and Report (Artologik, 2014). The first page of the questionnaire contained a brief description of the purpose and information about anonymity and the voluntary nature of participation. The first question was "How do you refer to your role when working in parent education?" (an open-ended question). The next page had three seven-point Likert scale questions about the degree to which they saw themselves as leaders and teachers and how confident they felt in their role. The last page of the questionnaire included two open-ended questions: "What is the biggest challenge or difficulty for you when working in parent education?" and "What is most rewarding when working in parent education?" The questionnaire ended with a few background questions (e.g. age and experience).

### **Participants**

An email with a link to the survey was sent to all midwives in antenatal care and nurses in child health care in Stockholm County. A total of 437 responses were received (out of 834), giving a response rate of 53% (152 out of 350 midwives and 285 out of 484 child health care nurses).

### **Analysis of data**

The answers to the three open-ended questions (see above) were analysed separately using qualitative content analysis (Elo and Kyngäs, 2007; Graneheim and Lundman, 2003). All authors participated in the analysis, and it resulted in categories for the following areas: how the leaders referred to their role, what they found rewarding, and what they found to be challenges and difficulties in working in parent education. For the role descriptions, the data were initially coded in terms of "What you do", "What you are", and "personal characteristics". For each category, a number of subcategories were constructed, i.e. mediate (what you do), mediator (what you are), and mediatory (personal characteristics). After the

initial coding process, it became obvious that a different approach of the analysis would be more productive. New categories, based on the existing ones, were then constructed. For example, mediator became the main category (regardless of whether the description was about what they did, what they were, or personal characteristics). The last stage in this analysis was to sort the categories based on how they were related to the group – *a role that includes the group* and *a role that excludes the group*. Seven of the earlier main categories were included, but now as subcategories.

For the latter two areas, the answers from the midwives and the nurses in child health care were initially analysed separately. A large number of codes were constructed. The codes were analysed, based on their similarities and dissimilarities with each other, and they were categorized in different subcategories (Graneheim and Lundman, 2003). In total, seven subcategories for midwives and nine subcategories for child health care nurses were initially constructed regarding the *rewards* aspect. And in total, 10 subcategories for midwives and 11 subcategories for child health care nurses were initially constructed about the *challenges and difficulties* aspect. The focus in the next step of the analysis was to compare subcategories from midwives with those from child health care nurses to construct common categories. In this process of analysis, we tried to define and refine the categories to identify the essence of the content in each of the categories. This process resulted in three categories describing the rewarding aspects and four categories describing the challenges and difficulties.

The number of sub-categories present for each individual was used to calculate correlations between the main categories. Each main category has three or four sub-categories. Summing up how many of these were present for each individual was the basis for calculating the correlations. Using this analysis provides an opportunity to express the relationships between the main categories.

The study was approved by the regional Research and Ethics Committee at Linköping University, Sweden.

## **RESULTS**

The results are first presented based on the three areas: the role, the rewarding aspects, and the difficulties and challenges in working with parent education groups. Finally, we present the results of how these three areas are related to each other.

### **The role as leader and teacher of parent education groups**

When the leaders described their role, they took different approaches. One was to use their professional title. Some used the “what you are” approach, using terms such as “a sounding board”. Most examples involved descriptions of what they did, using terms like “answering questions” or “guiding”. Some described the role using more personal characteristics, with such words as “supportive” or “important”. Finally, some included descriptions of their experience or knowledge. In total, the data consists of 304 different descriptions. Many used several different descriptions, but many of the descriptions were common. From the descriptions, two main and seven sub-categories were constructed. The main categories involved descriptions of the role, which did or did not include the parent group.

#### *A role that includes the group*

All descriptions in the first main category involved the group in some form. The sub-categories are *initiator*, *process support*, *support*, and *leader*. An *initiator* gets a group of

parents to start communicating and interacting with each other with the expectation that the parents will continue to interact and be active. The role of initiator could be expressed subtly, e.g. being an “inspirer” trying to invite and “encourage discussion”. The initiator role could also be stated more clearly as the one who “propose themes”, subjects, or ideas that the group can work on.

*Process support* involves behaviours aimed at getting the parents to continue to work as a group. As a leader, one can “acknowledge and encourage”, be “permissive”, or “motivate and inspire” the group to become active parents. It could also mean being a “conversational support” where one can act as a “sounding board”, a “conversation partner”, or “a moderator”. The support in this category is aimed at the group to encourage discussions. Unlike process support, the sub-category *support* is aimed more at the individual parents in the group. It is about “helping parents to feel prepared” for their role as parents – about “strengthening the parental role”. This form of support can also be described as “a link to create networks between parents”. There is a focus on the individual with a desire that “all should be seen, feel comfortable, and feel proud of their children”.

The sub-category *leader* includes all expressions that explicitly contain some variation of the word “leader”, e.g. “group leader”, “leader of conversations”, “course leader”, or “discussion leader”. There were also descriptions of a leader or chairman role, e.g. the one who “ensures that all voices are heard”, or one who “helps the group to stay on the subject”. Finally, the descriptions included various forms of “leading the discussion”. The focus in this category is more or less on the group, but it is above all about being the one who creates conditions for a well-functioning group.

#### *A role that excludes the group*

Descriptions of one’s role could also be almost disconnected from the group. The sub-categories here are *mediator*, *organizer*, and *professional title*. *Mediator* includes all expressions of being a “mediator of knowledge”. Common for all was a lack of focus on the group itself. The leader is the “source of knowledge” and the person who decides what the group needs. Such knowledge can come from one’s own experience (“I share my own experience”), or it might also be about “conveying scientific information”, “new findings”, or “subjects one is required to give”. This role involves some behaviours that include the group, but only as a passive recipient – the leader can, for example, “answer questions that come up”. The goal is not to establish an active group. For the *organizer*, the focus is on organizing behaviours prior to meeting the group, e.g. to be a “convener” or “a contact person”. It could also be about “preparing topics to talk about”, “setting the framework for the meetings”, or “setting the agenda”. The organizer will “make sure that times are booked, coffee is ready, and that there are topics to cover”. Finally many chose to use their *professional title* to describe their role when working with the groups. Their profession is, of course, the reason for working in parent education. Not uncommonly, leaders used a description of their own experience and knowledge in conjunction with their professional titles. This could be an indication of an idea that the professional title in itself conveys having the right competence to lead a group of parents.

#### **What is most rewarding when working with parent education groups?**

From the question about *the most rewarding aspects of working with parent education groups*, three main categories were constructed: (a) well-functioning groups, (b) personal benefit or personal learning, and (c) development of the individuals in the group – each with three or four sub-categories.

### *Well-functioning groups*

The category *Well-functioning groups* includes the sub-categories *active parents*, *group cohesion*, *mutual learning*, and *long-lasting friendships*. To have well-functioning groups is rewarding for the leaders, however the leaders often described themselves as observers and not as creators of these groups. In a well-functioning group, the parents are active and exchange experience with each other, show curiosity and commitment, and create constructive discussions on both everyday issues and issues of deeper character. According to one of the leaders, this requires “a confident group with an open attitude so that the couples dare to ask questions”. In a well-functioning group, the group cohesion is evident and all members socialize with each other; as one nurse put it, “you could see how a group community is created, and the parents are enjoying each other’s company”. In such groups, the parents feel the joy of being in the group, and they are comfortable with each other, which creates harmony in the group. The parents also converse and reflect with each other, and there is a mutual learning by sharing experiences (“teaching each other”). One leader described the feeling thus: “My objectives are that the parents converse and that I do as little as possible.” In this way, the parents are able to give each other support and advice, and they also become “more relaxed by seeing and hearing other parents having similar issues as themselves”, as one leader put it. In a well-functioning group, the parents begin to socialize outside the parent education group and “the group continues even after the parent education group has completed”. Then the group becomes a context in which parents can find good, long-lasting friendships both as friends but also as support for each other in their parental roles.

### *Personal benefit*

The category *Personal benefit* includes the sub-categories *personal development*, *responses*, *challenges* and *getting to know the parents*. The feeling of getting something in return when working with parent education groups and the opportunity for development in one’s leadership skills are rewarding, according to some of the leaders. To impart knowledge, to explain and answer questions, and to provide inspiration and joy were described as something they “get a kick out of afterwards”, and observing group interactions “gives the opportunity to keep up with child development and parenting”. Personal benefits can also be obtained by the responses the leaders receive, particularly from the evaluations after a parent education group. The leaders found a reward in receiving positive evaluations by which they could see that the parents were satisfied and that they as leaders had been able to provide valuable knowledge. As one leader expressed it, “the most rewarding thing is when you get positive feedback and the parents feel strengthened by participating”. The challenges of “meeting a new group of parents each time”, of “meeting with different cultures, successfully “overcoming ongoing difficulties”, and learning from less effective experiences are also rewarding. Getting to know the parents, “taking part in their thoughts and expectations”, and “meeting the children together with their parents in a broader context” are other benefits the leaders expressed.

### *Development of the individual in the group*

The category *Development of the individual in the group* includes the sub-categories *parenting role*, *confidence* and *learning*. Observing how individuals become confident and realize that as expectant and/or new parents they are part of something amazing is really rewarding, according to the leaders. Both to see the parents begin to rely on themselves and their bodies and to “see them become prosperous in their parenting are really satisfying”, according to one leader. Observing the parents develop confidence in the group is also rewarding: “it feels good when the parents express that they feel confident in the group”. Confidence is also about “being able to defuse childbirth and perceive it positively”. The leaders want to give the parents tools within the childbirth and parenting areas, so they can be

more confident in their parenting role. From the leaders' perspective, this can be achieved by imparting knowledge to the parents, and when they were able to do this successfully and observe the parents learning process, they found it really rewarding. To see parents learn through interesting conversations with each other was also rewarding for the teachers.

### *Summary*

The leaders found it rewarding when there was activity in the group and when good relations between parents were developing. They felt rewarded when they developed in their role as leaders, and having the opportunity to help parents develop in their parenthood was also rewarding. The leaders did not always influence the processes in the group and often described themselves as observers of these processes. They described the groups' functioning as dependent on the individual parents involved and how they interacted with each other.

### **Challenges and difficulties in working with parent education groups**

From the question about *the challenges and difficulties of working in parent education groups*, three main categories were constructed: (a) getting all to participate, (b) managing group processes, and (c) being uncomfortable in the role. Categories (b) and (c) each having sub-categories.

#### *Getting all to participate*

One major challenge facing the leaders is *getting parents to participate* in parent education, both getting them to come to the group, but also getting them to stay through the whole course. Above all, it is difficult to reach the parents who really need to participate, such as women with birth fears, but also getting fathers and foreign-born parents to come.

#### *Managing group processes*

The category *Managing group processes* includes the sub-categories *creating involvement*, *manage emotions* and *dealing with disturbances*. The leaders found it challenging to handle group processes, and thereby to create well-functioning groups, and to provide for a climate in which everyone would join in the conversation. One difficulty was creating involvement in a way that everyone felt seen and heard – to “get everyone wanting to participate and to prevent someone from taking over and answering all the questions while others do not get the opportunity”. Another difficulty was balancing all the information the parents needed and, at the same time, getting a silent group to start communicating. The challenge could also be the opposite. As one leader put it, “if the parents start talking too much with each other, I can sometimes feel time pressure and not able to keep up with all the things I should talk about”. The leaders also found it difficult to manage emotions in the group, such as anxious and unhappy parents who “spread their negative poison around”. Managing problems can also involve dealing with parents who question everything, are too personal, or who are too extreme and share inappropriate opinions, such “when the parents are ‘on the ball’ and set me up against the wall”. Finally, the leaders described a challenge in dealing with disturbances such as too much noise or movement in the room, when “the children take all the attention which is understandable but it is nonetheless a challenge to keep a train of thought when the parents walk around the room to comfort their crying child or when somebody leaves the room to change the baby’s nappy”. All of these group processes were challenging for the leaders.

#### *Uncomfortable in the role*

The category *Uncomfortable in the role* includes the sub-categories *personal shortcomings*, *identifying parents' needs*, *individualizing content* and *using the right method to process*

*content*. There were expressions of being uncomfortable in the role of leading a group, such as when they felt they did not have enough knowledge for the assignment or felt too strongly their personal shortcomings and low self-efficacy affecting how they approached discussions: “it is unpleasant to stand before a group – I’m not very comfortable in that role, and would prefer to avoid it”. A big difficulty was managing the heterogeneity of the groups and to meet “the parents’ expectations”. The groups often consist of parents with different backgrounds, needs, and abilities. This means that they have different ages, are from different countries, and have different educational backgrounds. The leaders have a desire to give the parents what they really need, but they experience difficulty in satisfying everyone, as one leader put it: “some [of the parents] are very well informed, and some do not even know where the uterus is”. It has also been difficult for them to help parents to manage, sort, and choose among all the information available from the media, the web and from different companies within the sector. The leaders have had difficulty in planning and conducting parent education so that they get a good balance between lectures and small group discussions, as well as ensuring that they have the right content. They described it as hard to find the right teaching methods to make it both interesting and rewarding for the parents to participate. “It is challenging to plan and allocate the right time and remain a leader and not become an informer despite parents’ expectations to get a lecture”. They also found it challenging to distribute the content based on the time frame available, particularly when dealing with overly large groups, which have made it difficult to create togetherness among the parents.

### *Summary*

Some leaders consider it a challenge working with parent education groups. They expressed a lack of competence on a professional level in managing groups, identifying parents’ needs, individualizing the content to suit everyone, and using the right teaching methods to help the parents process the knowledge content. On the personal level, some expressed that they were not able to manage the work in parent education since they did not feel comfortable in the leadership role.

### **Working with an educational group**

The leaders either included or excluded the group when describing their role and tasks, including their influence on parents. The same finding occurred in their descriptions of the rewarding aspects and difficulties and challenges for them in working with the groups. To organize and process relevant knowledge to achieve the goals of parent education, and to find the parents’ needs and interests also included the group to a varying degree.

The difficulties and challenges leaders faced included not having sufficient knowledge to manage group processes and identifying the parents’ needs in order to adapt and use the right methods for them to process the content. In addition to professional shortcomings, the leaders also expressed shortcomings of a more personal nature in that they experienced discomfort at having to work in parent education because they did not see themselves coping with it in a positive manner. Therefore, not involving the group could be understood in the sense that this is too difficult and challenging. Planning and organizing the work is much easier when not having to take into account the needs of the group.

The concepts of the role description, the rewards, and the difficulties and challenges are connected in some sense. To illustrate this fact, the correlations between the six main categories focusing on either the group or the leaders themselves are presented in Table 1 (the main category “Getting all to participate” was not included in this).

Table 1

Correlation (Spearman) between the main categories either focussing on the group or more on the leaders themselves

| Areas | Main categories           | 2       | 3      | 4        | 5       | 6        |
|-------|---------------------------|---------|--------|----------|---------|----------|
| 1     | The role                  |         |        |          |         |          |
|       | The group is included     | -.338** | .161** | -.121*   | .134**  | -.010    |
| 2     | The group is excluded     | –       | -.092  | .104*    | -.102*  | .125**   |
| 3     | Rewarding                 |         |        |          |         |          |
|       | Well-functioning groups   |         | –      | -.511*** | .186*** | -.110*   |
| 4     | Personal benefit          |         |        | –        | -.020   | .020     |
| 5     | Challenging               |         |        |          |         |          |
|       | Managing group processes  |         |        |          | –       | -.510*** |
| 6     | Uncomfortable in the role |         |        |          |         | –        |

\*\*\* p < .001, \*\* p < .01, \* p < .05

The correlations between a role where “the group is included” and seeing “well-functioning groups” as rewarding and a challenge in “managing group processes” were both significant and positive. The correlation between this role and seeing “personal benefit” as rewarding was also significant, but negative. The same pattern was present for having a role where “the group is excluded”, and seeing “personal benefit” as rewarding and being “uncomfortable in the role” as a challenge. Both of these correlations were significant and positive. The correlation between describing a role where “the group is excluded” and seeing a challenge in “managing group processes” was also significant but negative. The correlations between the main categories from the different areas were not very strong, although they were significant, but taken together, all showed the same pattern. The correlations for the opposite main categories within each area were stronger and all negative, as predicted.

## DISCUSSION

The results from the correlation analysis show clear patterns for the degree of involving the group when describing their role, the rewarding aspects, and the challenges and difficulties of working with parent education groups. When describing their role by including the group, the leaders described contributing to well-functioning groups as rewarding to a higher degree and also see managing group processes as a challenge. When describing their role as disconnected from the group, leaders described their personal benefit from working with the groups as rewarding to a higher degree. They also saw being uncomfortable in their role as a challenge, or more likely a difficulty, to a higher degree.

To not include or focus on the group in the description of their role, when describing challenges or the rewarding aspects could indicate a lack of confidence in working with groups. Previous studies have also shown a general lack of specialized training for midwives and nurses in child health care regarding the task of being a leader and a teacher of educational groups (Ahlén *et al.*, 2008, Barlow *et al.*, 2009; Lefèvre *et al.* 2013). As Granström (1998, 2006) pointed out, both roles are important to be able to establish well-functioning groups with active participants. A low sense of self-efficacy in this area also means lower motivation, less actual capability to execute a given performance, and less persistence when facing difficulties (Bandura, 1982, 2001). In terms of a professional role—in this case, leadership and teachership in parent education groups—the professional self is not adequate to protect against perceived threats from group members (Colnerud and Granström, 2002; Day *et al.*, 2006). One way of dealing with this is to focus on things other than the potential difficulties in the group, that is, to describe the role and the related activities as being

disconnected from the actual group. Instead of focusing on the actual group, what was perceived as important was how to organize the groups or treating them as collections of individuals in need of information. This information was something that they, as leaders, could mediate, believing that they knew best what needs existed in the group.

Having a focus on the group in both the description of the role as well as when describing the rewarding aspects and the challenges indicates some level of self-confidence in being a leader and a teacher. Such a focus can also mean a positive perspective about their role—indicating that they are acting as initiators and as process support for the parents' becoming active participants, and that they see their contributions to a well-functioning group as rewarding. Helping the group members to be involved and the group to be cohesive enable mutual learning and lasting friendships. It also involves an awareness of the difficulties or challenges of managing group processes. However, as Bandura (1982, 2001) pointed out, self-confidence or self-efficacy helps in dealing with difficult tasks. A more professional role also means that difficult situations in the group such as dealing with emotions and disturbances are not perceived as threats to be shied away from (Colnerud and Granström, 2002) but can be dealt with in a positive way.

One important question to deal with is how to best support midwives and nurses in child health care to be prepared for leadership and teachership in parent education groups. One obvious thing is, of course, to provide specialized training in not only being a leader in an administrative sense but also in an educational sense. An important aspect could also be providing supervision, individually or in groups. Using group supervision would probably be preferred as it allows the participants to learn from each other. As Severinsson *et al.* (2010) have shown, it can increase the awareness and sensitivity in one's professional role.

## **CONCLUSIONS**

Midwives and nurses in child health care have their professional knowledge in maternal care and child health care and not in education and group psychology. Therefore, providing them with the possibility to develop these abilities is important and thereby having the opportunity to develop learning to better provide parental support in parent education group environments. The pedagogical and group psychology skills involved in leadership and teachership could be developed through formal training but also through conversations and discussions, analysis, and evaluation of their own activities together with colleagues who also work with parent education groups. This might improve parent education groups and provide high quality health promotion.

## **FUNDING**

This research was funded by the Swedish Research Council (grant # 721-2012-5473).

## **REFERENCES**

- Ahldén, I., Göransson, A., Josefsson, A. and Alehagen, S. (2008) Parenthood education in Swedish antenatal care: perceptions of midwives and obstetricians in charge. *The Journal of Perinatal Education*, **17**, 21–27.
- Andersson, E., Christensson, K. and Hildingsson, I. (2012) Parents' experiences and perceptions of group-based antenatal care in four clinics in Sweden. *Midwifery*, **28**, 502–508.

- Artologik. (2014) *Survey software*. <http://www.artologik.com/en/SurveyAndReport.aspx> (02-10-2015)
- Bandura, A. (1982) Self-efficacy mechanism in human agency. *American Psychologist*, **37**, 122–147.
- Bandura, A. (2001) Social cognitive theory: An agentic perspective. *Annual Review of Psychology*, **52**, 1–26.
- Bandura, A. (2010) Self-efficacy. In Weiner, I. B. and Craighead, W. E. (eds.), *Corsini Encyclopedia of Psychology*. John Wiley & Sons, Hoboken, NJ, pp. 1474-1476.
- Barimani M., and Hylander I. (2012) Joint action between child health care nurses and midwives leads to continuity of care for expectant and new mothers. *International Journal of Qualitative Studies in Health and Well-Being*, **7**, 181–83.
- Barlow, J., Coe, C., Redshaw, M. and Underdown, A. (2009) *Birth and beyond. Stakeholder perceptions of current antenatal education provision in England*. Report. National Child and Maternal Health Intelligence Network. [http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/documents/digitalasset/dh\\_109831.pdf](http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_109831.pdf) (02-10-2015)
- Bryanton, J., Beck, C. T. and Montelpare, W. (2013) Postnatal parental education for optimizing infant general health and parent-infant relationships. *Cochrane Database of Systematic Reviews 2013*, Issue 11. Art. No.: CD004068. doi: 10.1002/14651858.CD004068.pub4.
- Colnerud, G. and Granström, K. (2002) Respect for the teaching profession [In Swedish: Respekt för läraryrket]. Stockholm: HLS Förlag.
- Day, C., Kington, A., Stobart, G. and Sammons, P. (2006) The personal and professional selves of teachers: Stable and unstable identities. *British Educational Research Journal*, **32**, 601–616.
- Elo, S. and Hyngäs, H. (2007) The qualitative content analysis process. *Journal of Advanced Nursing*, **62**, 107–115.
- Fabian, H. M., Rådestad, I. J. and Waldenström U. (2005) Childbirth and parenthood education classes in Sweden. Women's opinion and possible outcomes. *Acta Obstetrica et Gynecologica Scandinavica*, **84**, 436–443.
- Fabian, H. M., Rådestad, I. J. and Waldenström, U. (2006) Characteristics of primiparous women who are not reached by parental education classes after childbirth in Sweden. *Acta Paediatrica, International Journal of Paediatrics*, **95**, 1360–1369.
- Forslund Frykedal, K., and Rosander, M. (2015) The role as moderator and mediator in parent education groups – a leadership and teaching approach model from a parent perspective. *Journal of Clinical Nursing*, **24**, 1966–1974.
- Graneheim, U.H. and Lundman, B. (2003) Qualitative content analysis in nursing research: concepts, procedures and measures to achieve trustworthiness. *Nurse Education Today*, **24**, 105–112.
- Granström, K. (1998) Classroom management in Sweden. In Shimahara, N. (ed.), *Politics of classroom life. Classroom management in international perspective*. Garland Publisher, New York, NY, pp. 136–162.
- Granström, K. (2006) Group phenomena and classroom management in Sweden. In Evertson, C. M. and Weinstein, C. S. (eds.), *Handbook of classroom management: Research, practice and contemporary issues*. Lawrence Erlbaum Associates, Mahwah, NJ, pp. 1141–1160.
- Lefèvre, Å., Lundqvist, P., Drevenhorn, E. and Hallstrom, I. (2014) Parents' experiences of parental groups in Swedish child health-care: Do they get what they want? *Journal of Child Health Care*. doi:10.1177/1367493514544344

- Lefèvre, Å., Lundqvist, P., Drevenhorn, E. and Hallstrom, I. (2013) Managing parental groups during early childhood: New challenges faced by Swedish child health-care nurses. *Journal of Child Health Care*. doi:10.1177/1367493513509421
- Renkert, S. and Nutbeam, D. (2001) Opportunities to improve maternal health literacy through antenatal education: an exploratory study. *Health Promotion International*, **16**, 381–388.
- Severinsson, E., Haruna, M. and Friberg, F. (2010) Midwives' group supervision and the influence of their continuity of care model – a pilot study. *Journal of Nursing Management*, **18**, 400–408.