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RESEARCH ARTICLE

Explaining the challenges of midwifery profession from the perspective of iranian midwifery society: A qualitative study

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Abstract

Introduction: Public health promotion, as a worthy goal, is not possible without the cooperation of all health authorities and stakeholders. Midwifery profession is concentrated on the health status of the girls and women.The major focus of midwives would be to control and monitor the health of women, pregnant mothers and young girls. Available evidence indicates that the role of the midwifery profession has been diminished in the recent years. This study was conducted to explain the challenges of midwifery profession from the perspective of the Iranian midwifery society in order to identify the problems bedeviling this profession and to help promote it.

Materials and Methods: A qualitative study was conducted using content analysis method. Data were collected and recorded based on the experiences of participants in the study by individual and semi-structured interview.

Results: A total of 14 participants were interviewed. The meaning units of the interviews were derived and classified into 7 categories and three main themes from the perspective of the participants. The first theme was "midwifery education system failure". The second theme was titled "inappropriate work market" and finally the third one was titled "inappropriate dignity of the field".

Conclusion: The findings showed that there are some challenges in this field and recognition of these challenges is vital for its promotion. The healthcare authorities are required to pay close attention to these problems to resolve them; otherwise, a large group of talented graduates would not be able to realize their goals of providing public health services to the target groups.

Keywords: Midwifery, Midwifery Service, Content Analysis, Qualitative Study.

Introduction

Medical science has a long history and the midwifery profession has existed as an ancient branch of the field from the beginning of creation as a necessity. Midwifery, as a profession, is directly related to and has a profound effect on the quantity and quality of reproduction of any community. Midwifery graduates, while studying, use their acquired skills to perform various care, education, counseling and supporting roles. These skills provide a unique opportunity for them to serve valuable groups in the society such as pregnant women, breast-feeding mothers and children. The graduates of this discipline provide the abovementioned groups with important healthcare services that improve their health. Since family is the basic unit of the society and the main center of growth and development of humans, women and mothers play a vital role in the center. Therefore, paying attention to the physical and mental health of mothers and children and providing health services for this group are accorded high priority in the Islamic Republic of Iran. The graduates in this field play the following roles in the community: diagnosis, care and intervention, education, counseling and prevention [1]. Despite the skills acquired by the midwifery graduates and the magnitude of the target group, practitioners of the midwifery profession are faced with several challenges in performing their specialized tasks as of today. For example, unemployment rate among midwifery graduates makes up a significant percentage in the labour market [2]. In addition, more than a million infants are annually born in the country, and based on the international standards, there should be about thirty thousand midwives in maternity and healthcare centers for the mentionend number of infants, but only ten thousand midwives work in governmental health facilities and four

to five thousand midwives work in the private sector, far from the standards of midwifery personnel in the healthcare centers of the country [3]. On the other hand, investigation of delivery statistics indicate high rates of cesarean delivery in the country, which is higher than the world average [4]. In order to answer these questions, this study attempted to analyze the challenges deeply by designing a qualitative study. This study was conducted to explain the challenges confronting the midwifery profession from the perspective of graduates, faculty members and policy makers.

Methods

In order to investigate the studied obstacles and challenges of the midwifery profession, a qualitative study by content analysis method was carried out. The sampling technique used in this study was purposive sampling, based on the inclusion criteria and data saturation principle [5]. The participants were selected among the faculty members, policymakers and midwifery graduats that were referred after a phone call and a brief description of the purpose of the study. What was important in the selection of the samples was the participants' ability to give deep and detailed information about the midwifery profession. An attempt was made to select the key persons and efficient people, with vast knowledge and information on this issue, for the interview. The selection indices had at least one of the following cases: professors or faculty members with a minimum rating of mentoring and at least five years of teaching experience, graduate experts in the field of midwifery with at least one year of employment and policy makers in the midwifery profession with at least five years of service experience. In order to determine the sample size, sampling was continued until the point of data saturation, that is, the point where no other new theme was presented. In this study, according to the results of coding, summarization and classification of data and repetition of most of the themes in the last interviews seemed to portray the idea that the data were saturated after conducting fourteen individual interviews with the participants, after which the sampling was completed. Another feature of the present study sample was the maximum diversity in the choice of samples. There was maximum diversity in the job status and teaching experience of the participants.The participants in this study were selected from midwifery schools, health centers, Ministry of Health and Medical Education, and were interviewed in a place that was convenient for them. Data were collected through a semi-structured interview. This method was the most appropriate method to conduct this study because it is deep and flexible. The first question posed was a general question and an interpretive and explanatory response of a participant produced the next set of questions. The data for this study were collected through individual interviews. To this end, an interview guide was developed with a number of open and general questions that helped the researcher to set the interview. In order to respect the rights of the participants, a meeting with each of them on the purpose and method of this study was held before the interview session, after which an informed written consent for participation in the study was taken from them. In addition, appropriate communication with the participants and a sense of trust and cooperation were established. The interview duration was determined based on the environmental factors, tolerance, information and the willingness of the participants. Most of the participants in this study were very enthusiastic. The interview duration varied between 30-90 minutes based on the tolerance, information, interest and tendency of the participants. The interviews were recorded and transcribed word by word immediately after the interview was finished. Attempts were made to maintain the recorded interviews, especially the respondents' confidentiality.The data were collected and investigated carefully. The primary analysis and coding of the data was done before the next interview in which about 500 meaning units were obtained. After summarizing the units, there were 26 subcategories that were classified in the form of 7 categories and 3 main themes. In order to ensure the accuracy and quality of the data, four criteria were considered to prove the authenticity of qualitative study, including credibility, dependability, transferability and confirmability. The findings of this study were finally validated by returning the results to the participants and approving the codes derived from the interview transcripts.

Results

Among the 14 interviews conducted, 2 respondents were policymakers, 7 respondents were midwifery graduates and 5 of them were faculty members of the midwifery college. The participants were selected from the state and private schools of nursing and midwifery, and the policymakers were working in the Ministry of Health. The study was conducted in the places that were chosen by the participants. The findings yielded three main themes, "midwifery educational system failure", "inappropriate work market" and "inappropriate dignity of the midwifery profession".

Theme 1: "Midwifery Educational System Failure"

All the participants considered the failure in the midwifery educational system as one of the main obstacles to improving the midwifery status with categories such as: poor training programme, poor performance of trainers and study field failure. One of the faculty members stated her experience of **educational failure** as follows:

More than ever, our students' training has declined a little.

Vaginal delivery rate has decreased.Most cases are high risk because the hospital is a referral center. Most doctors recommend the high risk cases to go to Imam Hospital. For instance, since the mother has had hypertension in her previous pregnancy, it may be repeated, so you need ICU. The only option is to go to Imam Hospital, where our students do not see a lot of natural labor, they almost see high risk labor."

The following selection is the experience stated by two of the participants on **poor performance of trainers:**

"Because a contractual trainer works for financial needs and does not have affiliation to the school, she signs an unstable contract that can be terminated any moment. Therefore, she works with fear and does not dispute with a gynecologist and a resident to take something for her students. Now, she works a few years for wages and if she challenges her position, she will be downgraded;therefore, she does nothing and the students will learn nothing."

"I think faculty members are so busy, so they prefer to engage the contractal trainers instead of themselves."

The following selection is an experience stated by a participant on the **study field failure:**

"In my opinion, midwifery Ph.D. program should be available as complementary education. We have to go for Ph.D. in reproductive health and there is no Ph.D. program for midwifery in the country ."

Theme2:"In appropriate Work Market"

All participants considered inappropriate work market as one of the main obstacles to improving midwifery position with categories such as: economic challenges of the midwifery profession and limitations of appropriate job opportunities.

The following selection is the stated experience of two participants on economic challenges of the midwifery profession:

"The problem is that of insurance; insurance does not support us. A midwife who works at the treatment unit,the one who works in the health unit or the one who has an office are usually not supported by insurance organizations. Even the duties of a midwife that involve simple treatment, gynecology, or even full CARE of a pregnant woman are not supported."

"Midwifery has no good income unless you want to get money by unrelated ways such as skin care or cosmetic activities; an office does not work well by only providing the midwifery services".

The following selection is the experience of two participants **on limitation of appropriate job opportunities:**

"Midwives do not perform their routine duties; a lot of them do administrative work while others do nursing work."

"The fields have insufficient workforce because there is no employment possibility. There is no organizational position and organizational rank in the hospital; there are infrastructural problems in the hospital for workers in this profession in carrying out their duties".

Theme 3: "Inappropriate Dignity of the Field"

All participants considered inappropriate dignity of the midwifery profession as one of the main obstacles to improving the midwifery position, which was classified into categories such as undesirable professional position and undesirable social position.

The following selection is the experience stated by one participant about undesirable professional position:

"The health system works in a parallel manner. Beside a midwife are family health graduates and then general practitioners who are willing to do these jobs. For this reason, we do not know what to do. In health clinics, health practitioners work more. In offices, female general practitioners do our work. In hospitals, gynecologists do our job. Therefore, the expectations of the health system are not met, since our work area is not specified and many groups in the society do each part of our work. It does not seem that we do anything at all. In addition, they are more successful than we are. Because these tasks are mixed together and no one knows what to do, anyone can do another person's work."

The following selection is the experience stated by two participants on undesirable social position:

"The social reality is that the midwifery profession is not seen as a good profession and is no longer relevant in society today. No one is in his/her position. Somehow I do not see the future bright."

"I feel wherever I go, I cannot serve the people, I do not have a position as a midwife. Midwifery has no position in the society, people look at a midwife as a normal person, while they can obtain much scientific information from midwives."

Discussion

According to the participants, one of the main concepts in the study was the failure in the midwifery educational system. Clinical education problems have made the graduates' theoretical and practical knowledge deficient, their presence in the workplace and their service in the community are no longer relevant. The absence of an appropriate learning environment for practical works and low capacity of practical training facilities, including hospitals have led to the production of unskillful midwife graduates. These findings were consistent with the findings of other similar studies [6,7,8].

Inadequate capacity of midwifery students' acceptance is due to lack of development of infrastructures (educational facilities and space, etc.) and training requirements. In a study conducted among midwifery graduates on the number

of students and the quality of educational programs, it was shown that lack of coordination has caused the graduates' unemployment and loss of capital and human resources, which is consistent with the findings of this study [2].

In this study, the participants mentioned inappropriate teaching method and poor performance of trainers as the causes a poor educational system. This, in turn, has caused learning difficulty for midwifery students. Inadequate knowledge and experience of trainers have been reported as important causes of this defect. [9,10]Regarding the many and varied demands of medical graduates, adopting and selecting the trainers with adequate knowledge and experience and appropriate support fro trainers, including providing educational facilities and offering sabbaticals, can help solve the problem. These findings were consistent with other similar studies [11,12].

According to the participants' statements, midwifery graduates have limited chance to participate in some complementary educational courses such as pharmacology, immunology, nutrition and psychology (sexual dysfunctions, puberty, etc). It is considered as another instance of midwifery study field failure, which makes midwifery graduates to study in unrelated fields and/ or causes unwillingness and dissatisfaction with studying. These findings were consistent with those of another similar study [13].

Based on the participants' opinions, inappropriate work market causes economic challenges for the midwifery profession. Limitation of job apportunities and problems such as insufficient income move the midwives towards unrelated activities. Lack of insurance coverage for midwifery services weakens the midwives' motivation to provide such services. On the other hand, limitation of job opportunities for graduates in governmental organizations is considered as another cause of unemployment in this group. These findings were consistent with the findings of other similar studies [14,15].The dignity of this profession is one of the elements that make a midwife have a good feeling about the profession. The participants' opinion indicated lack of dignity, which can be divided into undesirable professional position and undesirable social position. From the perspective of the participants, this situation is due to problems such as job overlapping, lack of professional autonomy, weak role of a midwife in the health sector, relatively higher rates of caesarean than vaginal delivery, cultural challenges of vaginal delivery, non-separation of the School of Nursing and Midwifery and inappropriate organizational structure of the school. Students of midwifery, medical students and gynecologists experienced some conflicts in providing part of the services. This overlapping in some cases has led to a conflict between groups, and according to the participants' opinion, often leads to the withdrawl of the midwives. The result of this phenomenon is the poor role of midwives in the health systems. Perhaps one reason for high caesarean rate can be attributed to the weak role of midwives. Given the poor position of midwives, pregnant women and mothers prefer to receive maternity services from gynecologist directly. Lack of an independent School of Midwifery and lack of a defined and balanced distribution of organizational positions in the integrated School of Nursing and Midwifery are otehr factors contributing to the poor position of midwives in the community vis-a-vis a professional position. This is consistent with the results of other studies found in this regard [16,17,18,19,20].

Conclusions

Midwifery, as a profession, is considered a necessity for providing maternal and child health in the community. According to the mission of the group; education, empowerment and creating enough opportunities are essential for them. As shown in this study, the field of midwifery and its graduates are facing serious challenges in performing their expected responsibilities, and if the mentioned challenges are not addressed, this group of graduates, over time, may get involved in the challenges that are far from the predetermined goals and professional identity of this field and its independence will be seriously endangered. For this reason, the educational system of the country should attempt to solve the educational problems by improving the quality of education at the level of a student, trainer and educational environment.

The challenge of inappropriate work market for this group of graduates is accompanied by such concerns as unemployment, inappropriate job opportunities, insufficient income and unrelated jobs. Health policymakers should try to modify the mechanism of midwifery work market for the problems mentioned above and provide appropriate income and financial flow for the practitioners in this profession. The presence of parallel fields and the existence of overlapping tasks have caused job conflict, followed by undesirable professional and social position. Moreover, as long as this view prevails in the country, restoration of the real position of midwives will not be possible. Health system policymakers should make an attempt to define the "appropriate social position", to specify the"job description" of the midwifery profession and to define its independent position.

Conflicts of Interest

There are no conflicts to declare.

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