



RESEARCH ARTICLE

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

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Abstract

Introduction: Public health promotion as a worthy goal is not being possible without the cooperation of all health authorities and stakeholders. Midwifery profession concentrate on the health status of girls and women. The major focus of midwives would be to control and monitor the health of women, pregnant mothers and young girls. Available evidences indicate that the role of the midwifery profession has been weakened in recent years.

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

Results: 14 participants were interviewed. Meaning units of the interviews were derived and classified into 7 categories and three main themes. 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" from the perspective of the participants.

Conclusion: The findings showed that there are some challenges in this field and recognition of these challenges is vital for its promotion. Attention of authorities is needed to resolve them. Otherwise, a large group of talented graduates would be prevented from realizing their goals in providing public health services for 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, and as a necessity of creation conjoined. 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 support 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. Graduates of this discipline provide the above mentioned groups with important healthcare services that improve their health. Since the family is the basic unit of the society and the main center of growth and development of humans, women and mothers play a decisive role in the center. Therefore, paying attention to the physical and mental health of mothers and children, and providing health services for this group is accorded high priority in the Islamic Republic of Iran. 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 graduates in this field 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 statistics 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, regarding the mentioned number of infants, there should be about 30 thousand midwives in maternity and healthcare centers but only 10 thousand midwives work in governmental health facilities and 4 to 5 thousand midwives work in the private sector, that are far from the standards of midwifery personnel in healthcare centers in the country [3]. On the other hand, investigation of delivery statistics indicated high rates of cesarean delivery in the country, which is higher than the world average [4]. In order to answer these questions, this study has attempted to understand the challenges deeply by designing a qualitative

study. This study was conducted with the aim of explaining 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 used. Sampling in this study was based on the purpose and was continued based on inclusion criteria, and gradually up to data saturation .[5] The participants were selected based on purposive sampling among faculty members, policymakers and midwifery graduates that were referred after a phone call with them, and a brief description of the purpose. What was important in the selection of the samples was participants' ability to give deep and detailed information related to the midwifery profession. An attempt was made to select key persons and effective people for the interview who had vast knowledge and information on this issue. The people selection indices had at least one of the following cases: professors or faculty members with a minimum rating of mentoring and at least 5 years education experience, graduate experts in the field of midwifery with at least one year of employment, policy makers in the midwifery profession with at least 5 years of service experience. In order to determine 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 information were saturated after conducting 14 individual interviews for the participants after which the sampling was completed. Another feature of the present study samples was the maximum diversity in the choice of samples. There was maximum diversity in job position 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 interviewed in a place that was convenient for them. Data collection method was a semi-structured interview. This method was the most appropriate method to conduct this study because it is deep and flexible. The first question was asked generally and an interpretive and explanatory answer of a participant produced the next set of questions. The data for this study were collected through individual interviews. For this purpose, 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 the participants on the purpose and method of this study was held before

the interview session after which an informed consent form of participation in the study was given to them to sign. In addition, appropriate communication with the participants and a sense of trust and cooperation was established. The interview duration was determined based on 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 tolerance, information, interest and tendency of the participants. The interviews were recorded and immediately after the interview; they were written and typed word by word on paper. Attempts were to maintain recorded interviews; especially the people's confidentiality. The data was collected and carefully investigated. Primary analysis and coding of the interview 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 finally 3 main themes. In order to ensure the accuracy and quality of 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 text of the interviews.

Results

Among 14 interviews conducted, 2 persons were policymakers, 7 persons were graduates in the field of midwifery, 5 persons were faculty members of Midwifery College. The participants were selected from governmental and Azad Schools of Nursing and Midwifery, and the policymakers have worked in the Ministry of Health. The study was conducted in a places that were chosen by the participants. The findings were obtained under 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 in improving midwifery position with categories such as: poor training programme, poor performance of trainers, study field failure. One of the faculty members stated her experience of **educational failure** as follow:

More than ever, our students' training has declined a little. Vaginal delivery case has become low. 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, in her previous pregnancy had hypertension, 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 tuition trainer works for financial need 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 on tuition and if she disputes her position, she will be degraded and consequent upon does nothing and the student will learn nothing."

I think faculty members are so busy, so they prefer to engage tuition trainers instead of them."

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

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

Theme 2: "Inappropriate Work Market"

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

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 or 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 involves 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 services of midwifery.

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

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 to use 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 in improving 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 on 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, health system expectations 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 place. 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, whereas they can obtain much scientific information from midwives."

Discussion

According to the participants, one of the primary concepts in the study was failure of midwifery educational system, which is considered as a challenge in this profession. Shortcomings and deficiencies in education have a direct impact on leaning clinical skills and society health. Problems in the field of clinical education have decreased the theoretical and practical knowledge of graduates. In addition, their presence in service sector in the community gets weaker. Lack of appropriate educational environment for practical work in hospitals has led the graduate midwives not to have enough practical skills. The findings were consistent with the findings of other similar studies [6-7-8].

Another problem was the mismatch between the capacity of admitting midwifery students and educational infrastructure. This lack of coordination causes unemployment of graduates and waste of money and human resources, that is consistent with the findings of this study [2].

In this study, participants reported inappropriate teaching methods and poor performance of trainers as one of the obstacles. Trainers' insufficient knowledge and experience

has been reported as one of the main causes of this disorganization. This has reduced the learning of midwifery students. These findings were consistent with the findings of other similar studies [9,10]. Due to many and varied demands that exist from midwifery graduates today, adopting appropriate teaching methods and employing knowledgeable and experienced trainers and appropriate support of them are of particular importance. of such support, one can refer to study opportunities. These findings were consistent with the findings of other similar studies [11,12]. Midwifery major has limited disciplines in the Master and PhD levels and graduate students do not have the chance to participate in some postgraduate disciplines such as psychology (in adolescence and sexual disorders disciplines).

Inappropriate work market has led to economic challenges in the profession of midwifery. Insufficient income and lack of support for midwifery services from insurance organizations lead graduates of this major to seek revenue through unrelated jobs. Moreover, limitations of job opportunities for graduates in this major in state agencies and the lack of related organizational posts have minimized midwives' appropriate opportunities of activity in their own field, and they are also of other causes of unemployment of this class. These findings were consistent with the findings of other similar studies [13,14].

Inappropriate dignity is discussed around two issues of undesirable professional position and unfavorable social status. From the perspective of the participants, this is due to hardship such as job overlap, lack of professional autonomy, reduced role for midwives in the health sector, relatively high rates of Caesarean section to vaginal delivery, cultural challenges in the natural childbirth, non-separation of two Schools of Nursing and Midwifery and inappropriate organizational structure of the school and clinic. Midwifery students usually have interference with medical students and residents of women's work during their studies (especially clinical units) and midwifery practitioners experience this interference with gynecologists (in the provision of some services), and end result of this phenomenon is the reduced role for midwives in the treatment. Perhaps high caesarean sections rate can be noted as one reason for the unimportant role of midwives. Hence, the tendency of women and pregnant women to receive midwifery services is replaced with direct referring to gynecologists. These results are consistent with findings of other studies [15,16,17,18,19].

Conflicts of Interest

There are no conflicts to declare.

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