

# Exploring the Midwifery Training Challenges in Iran from the Viewpoint of Faculty Members and Graduates of this Field: Content Analysis

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## Abstract

**Background and Purpose:** Midwifery importance is obvious due to its role in the health of mothers and children. For this reason, educating human resources trained in midwifery field as an effective measure to promote natural parturition and upgrade health services to mothers and children is attended in many countries worldwide. Ensuring efficient staffs that are capable to respond to the health needs of the target population is necessary, and education in this field is considered as a serious and crucial issue. Educational programs in this field shall be designed such that, in addition to the intellectual development of students, a platform is provided for achieving clinical skills and conversances and prepare midwives to perform tasks and skills acquisition and achieve professional independence. Some evidence indicates that there are disorganizations in maternal and child care system that, the root of many of them can be directly or indirectly traced in education for midwifery students.

**Methods:** In this qualitative study designed with content analysis method, 14 participants (including policy-makers, faculty members and alumni of Midwifery) were interviewed. Selection method of key informants was based on purposive sampling and, information were collected and implemented based on the experiences of participants in the study using semi-structured individual interviews. Interviews were gradually continued until data saturation. Using the methodology of content, thematic analysis of meaning units, primary codes, and then sub-themes and finally the main themes were extracted.

**Results:** About 300 primary codes were extracted from the transcript of the interview that, after reduction were finally summarized to 10 sub-themes and three main themes. The main theme was " weakness of educational program " which included a sub-themes entitled: inadequate educational environment, failure of practical skills, lack of appropriate training sources and inappropriate ways of teaching. The second main theme was entitled "insufficient ability of the educators" with sub-themes as: conservatism of educators, insufficient knowledge and experience of the instructor and insufficient support for the educator and, the third main theme of "failure of field of study" was presented from the perspective of the participants with sub-themes of the Graduate Curriculum restrictions, limitations and lack of diversity in postgraduate and dissatisfaction of studying.

**Conclusions:** The findings of this study showed that there are challenges in education system for midwifery students that, the recognition of these challenges is essential to promote this field of study and needs for the attention of educational planners to resolve these challenges. Otherwise, a great group of graduates of the country is failing to serve the target groups and the public health takes away from their goals due to the ongoing conflict with existing educational challenges.

**Keywords:** MIDWIFERY, TRAINING, CONTENT ANALYSIS, QUALITATIVE RESEARCH

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## Introduction

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The importance of midwifery in the health system is obvious for everyone. Graduates of this field help pregnant mothers providing reproductive health services, prenatal care and care during and after parturition, and with

providing cares for newborns and infants, education and counseling, diagnosing abnormalities in mother and fetus or newborn baby and timely referral of abnormal cases, play a role in the health of mothers and babies. They also play a role in promoting safe natural parturition and reducing rate of caesarean by providing required training and consultation to mothers. That's why training experienced human resources in midwifery education is considered in many countries and, training in this field is considered as a serious and vital necessity in the health care system. In fact, the purpose of education in this field is to provide opportunities for students to be able to link theoretical information to practical realities (2) and gradually gain experience with clinical visits and, apply learned concepts in practice in the interact with the educator and the environment (3, 4). Accordingly, the training programs should be designed in such a way that, in addition to the intellectual development of students, provide a platform for achieving clinical skills and prepare midwives to perform tasks and prepare midwives to perform tasks and skills acquisition and achieve professional independence. Many factors, including proper educational planning, appropriate clinical environment and performance of the educators are involved in improving educational quality (5).

Looking at the situation in the field of nursing job, few points are observed that can be traced to its origin in the midwifery education conditions. For example, often a situation is observed where, even students were confused beside the patient and cannot independently assume responsibility for patient care (6, 7). This is why many researchers have focused on it and each one according his understanding offers the response to it that, discrepancy between theory lessons and clinical practice, the lack of clarity clinical education objectives, stressful hospital environment, less tendency of more experienced teachers to present in educational clinical environments (8), low motivation of

graduates for continuing their education in relevant postgraduate level and prevalent tendency to choose other fields, increased cesarean parturition rate in public centers (9), decreased skills of midwives in clinical practice are some of them. Midwifery students require proper training, both at the level of basic education and at the clinical level to do better in tasks. Improving the quality of education requires to study the educational challenges and modifying its weaknesses. This qualitative study has been designed and implemented with the purpose of exploring the challenges of midwifery education based on the views of graduate midwife and faculty members in clinical departments.

## Methods

Qualitative research with content analysis method was used to study the obstacles and challenges of midwifery education system. Sampling in this study was purposive and was continued on the basis of inclusion criteria and until data saturation (10). Participants were selected based on a purposive sampling among midwifery faculty members and policymakers and graduates that, we referred to them after phone calls with them and a brief explanation of the purpose. What was important in the selection of the samples, was participants' ability in providing deep and rich information related to midwifery education. It was tried to use the key, effective individuals who had the most information about this issue for the interviews. Selection indicators of these individuals were such that at least one of the following must be met: Teachers or faculty members with a minimum rating of educator and at least 5 years of education experience, the experts graduated in midwifery with at least one year of employment, policymakers of midwifery with at least 5 years of service. To determine the sample size, the sampling was continued until no other new theme was explored. In this study, data analysis was

performed manually, and according to the results of encryption, summarization and their classification and replication of most of the themes in final interviews. Another feature of the study samples was maximum versatility. Participants had maximum variation in job status, and teaching experience. They were interviewed in a place that suits them. Methods of data collection were semi-structured interviews. Data for this study were collected through individual interviews. For this purpose, an interview guide with some open questions such as "How do you evaluate the education system to achieve the expectations of the system" was prepared that, helped scholars to maintain the flow of the interview. To respect the rights of participants, prior to the scheduled interview session, in a meeting held separately with each of the participants the aim and methods of the study was described and then informed consent form to participate in the study was presented to sign it. Interview time due to environmental factors, tolerance, and the willingness of participants were determined. Interviews were recorded and immediately after the interview, word for word were written on paper and typed. It was tried to maintain the recorded interviews, and in particular confidentiality of the individuals. Information have been collected and carefully investigated. To ensure the authenticity and quality and integrity of data, four criteria was carried out to prove the reliability of qualitative research, as follows: (credibility), (dependability), (transferability) and (confirmability). In this study, considering these criteria we tried to increase the validity of the findings more and more. To enhance the confirmability it was tried to accurately record and report the research process and decisions made to provide the ability of following up these investigations for others, so from the beginning, all activities and decisions were registered to be provided to those interested. To ensure the accuracy of coding, encoded interviews have been provided to professors and advisors and professors familiar with qualitative research

to verify their authenticity. For transferability of the findings it was attempted to describe the data with the full richness. Finally, results have been written for the main common themes in the form of words and to confirm the contents, individuals' speeches were quoted as examples.

## Results

In this study, 14 people who 5 of them were teachers and faculty members and 7 students graduated in midwifery and two policies makers were interviewed. Participants in the study were selected from public and private midwifery schools, and the Ministry of Health and Medical Education. Analysis and primary encoding of interview data took place before the next interview that about 300 primary codes were obtained. After summarizing, the codes were classified into 10 sub-themes, and finally 3 main themes: "weakness of educational program", "insufficient ability of the educators", "failure of the field of study".

First theme: "Weakness of educational program"

All participants considered "Weakness of educational program" as one of the main obstacles the anarchy of midwifery education that was classified into sub-themes as: inadequate educational environment, failure of practical skills, lack of education resources and inadequate teaching methods. Given that in clinical midwifery depends heavily on medical education, hospitals and maternities' environments are considered as the best opportunity to learn these skills for midwifery students. But in the present conditions this opportunity to learn clinical training has been diminished for various reasons. So from the perspective of participants in this study the current clinical education environment did not have appropriate and adequate effectiveness to learn this important skill. One of the faculty members about his experience about poor educational environment was suggesting that:

"Our problem in governmental University are different with Azad University. We have Scientific Advisory Board in all areas. But, there may be no suitable arena for clinical practice for a midwife. Like Imam Khomeini Hospital, a super specialty hospital, and certainly accepts patients that other centers can not afford them. It is not bad that a midwife visits a complicated patient, but ultimately if they do not do that, he must be referred to a specialist." (H. A. 3)

Another participant was saying about the unsuitable educational environment that:

"We have done 2 or 3 cases of pathology in Iran's midwifery. One of the main damages has been from Azad University, which has trained midwife uncontrolledly" (S. 1).

Another participant said:

"The capacity to accept midwifery students must be determined in commensurate with standard training capacity. If the country needs more obstetric admissions more than country's current capacity, first, we should strengthen and expand educational infrastructure then we can take action to increase the capacity" (K.6).

According to the participants, a midwife

should have the experience in functional units the same as theory units, otherwise she will not have adequate skills to provide midwifery services.

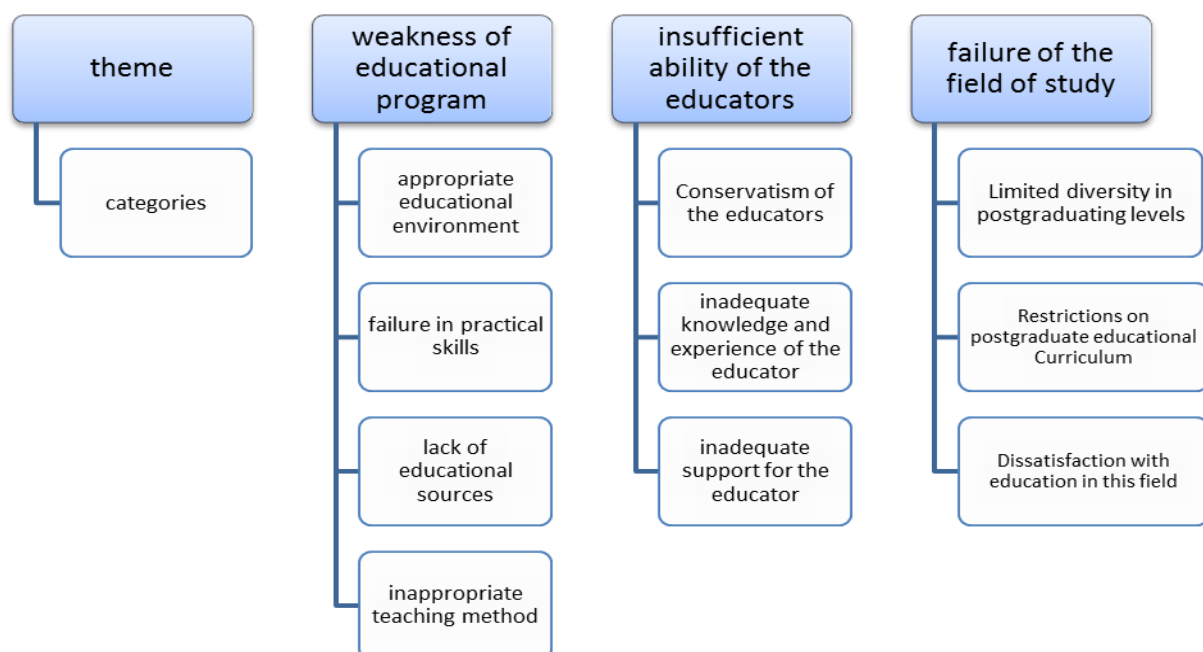
One of the participants was stating his experience about failure of practical skills:

"The problem is our education system that graduates come out when they do not have the necessary skills to be able to do the job" (S.1).

Educational resources in education are of particular importance and full and rich resources as an important tool for teachers and students' learning has a special place.

About the lack of educational resources one of the participants says:

"Nurses have Surgical Brunner's book, the disease is taught, Nursing Care has been taught. But we do not know where we are, but we do not know whether we should teach gynecologists' books to the students, or Kaplan' book of psychiatry, or highest Surgery by Schwartz and, on the other hand, the graduates do not know Nursing Care and the surgery and neither knows what's going to happen in midwifery. These teachings were not advantageous for our students. And there



**Figure 1.** the main themes and categories identified as the major training challenges in midwifery education.

was only a huge memories in our brain" (H. A. 5).

Inappropriate teaching method is one of the items that cause problems in the midwifery educational system, according to the participants using new teaching methods can be effective. One of the participants said:

"Educational materials are not provided to students on the basis of presenting a problem and many topics are in lectures and theory and do not have any applications parturition and care of pregnant mothers" (H. A. 4).

Second theme: "insufficient ability of the educators"

All participants knew poor performance of the educators as one of the main obstacles to midwifery education system that, their experience showed that performance of the educator plays an important role in training the students. Conservatism of the educators, insufficient knowledge and experience of the educator, inadequate support from the educator were effective factors on performance of educators.

One of the participants said about conservatism of the educators as the following:

"Since a tuition educator works because of financial needs and has no affiliation to the school, has signed a contract and it can be abolished in any time. So because he is not an official force works with fear and does not fight with attends and Residents, to take something for students. Now I work a few years with them and if I have challenge with them, my place look way down so they do not do anything and the student does not learn anything" (S. 2).

Another participant had said about the insufficient knowledge and experience of the educators.

"I think our clinical instructor does not have the adequate quality, she goes to delivery room, but she does not know, unfortunately, the educator is young and does not have work experience and they do not count on him, previous educators had been experienced. Resident and specialist accept them all, but who is now a educator is tuition because an

official educator does not do that and now a tuition educator goes to the delivery room."

Another participant about inadequate support for the educators said that:

"There is a challenge that is, a lot of personnel liked to spend a period in the form of a sabbatical especially in places where midwifery is very strong both in terms of monitoring and in terms of function and independence. Like Canada, like the United Kingdom - Australia where have direct midwifery" (H. A. 1).

Third Theme: "Failure of field of study"

The centerpiece of view of participants was considered as one of the main barriers to education for midwifery students. Which was classified into sub-themes as: limited diversity in post-graduate studies, Restrictions on post-graduate educational Curriculum and lack of satisfaction in this field of education.

Limited diversity in post-graduate was one of the obstacles that were mentioned by participants and, they were unhappy with lack of diversity in higher educations for midwifery.

The following selections are the experiences of two of the participants expressed about the limits of diversity in post-graduate studies:

"If you want to spend MA, all fields have a lot of branches to study but despite being related to many of the fields much we can not study midwifery" (K. 4).

"I think Midwifery PhD should be established because we have to go Ph.D. of pregnancy health and other fields and there is not Midwifery PhD" (K.1).

Restrictions on educational curriculum in higher education and the lack of improvement in the skills was one of the obstacles that were mentioned by participants. The following selections are the experiences of two of the participants expressed about restrictions on educational curriculum in post-graduate study:

"We do tasks in PhD courses like what we have done in bachelor courses, drugs and the amount of medication do not increase, it will not have any benefit. In M.A we spend

courses which are like the bachelor's. We learned only searching. I think in M.A courses only researcher are trained" (K. 1).

"In other disciplines when you achieve Ph.D your place will be higher, you can obtain better opportunities but, in midwifery Ph.D is not important. We do not need nothing more than being an experts. More than bachelor courses there are just research tasks" (K.5).

In an interview with the participants, dissatisfaction because of unemployment and inappropriate place in midwifery career was evident and it was stated that, students often changed the course or withdraw from the field and one of the participants said that:

"I've always wanted to run away from this field I mean from bachelor to master. In the few years that I attended Ph.D courses my first choice has never been midwifery. I always thought it should be a path that I come out of this atmosphere".

"All my students are asking their master in a discipline other than midwifery. And although they are very interested in this field, because there is no job market for them, or if there is a job market it is other than their own and they prefer to continue other fields of study, perhaps in the hope that they could acquire social status that they want" (H. A. 5).

## Discussion

According to the participants, one of the main and initial concepts in the research is weakness of educational program that is the main challenge in Midwifery education. Any shortcomings and deficiencies in the education and educational programs weakness has a direct impact on students' learning. Problems in the fields of education reduces the theoretical and practical knowledge of graduates also, their presence in the field of job and services at the society level is reduced. Lack of appropriate educational environment for practical works and increase in disproportionate number of students accepted without the development of educational infrastructure have led the graduated midwife not having enough

practical skills. In this study, participants have considered educational environment and in particular clinical environment including all conditions and stimuli influenced learning and, programmers are considered as the responsible for modifying the status quo. These findings were consistent with the findings of previous studies (11-13).

On the other hand, using traditional educational methods such as speech that is currently used in some departments is not able to respond to the educational needs in the clinical fields and, given that teachers and educators in teaching and learning are fundamental basics, their increased awareness of the new educational methods and teaching methods are emphasized to meet the practical and scientific needs. This finding was consistent with the findings of previous studies (14-16).

Various resources and appropriate educational tools are important pillars of education. In many fields of medical science because of antiquity or its importance, documentation and numerous resources have been developed so that, students have not been in trouble to choose educational references and more importantly, educational planners and relevant teachers, are easily able to develop curriculum and provide it to students. Midwifery nature is such that in terms of theme overlaps with other medical and science, for example, in parturition has overlaps with Obstetrics and Gynecology, and in the care issue has common theme with nursing care. This led to midwifery educational resources having less dependence and in the majority of subjects non-professional sources used to be borrowed. Reviewing the existing conditions and using the responses of interviewees, bring the need to supply comprehensive sources tailored to the needs of midwifery students of the country in mind. Despite searching various databases in this regard textbook was not found that in addition to providing the theoretical and scientific issues, prepares midwifery students to respond to community health needs.

In this study, participants have mentioned insufficient ability of the educators as one of the main obstacles in education. Insufficient knowledge and experience of instructors and conservatism of the educators has been reported as the important causes of this disorder. This decrease reduce learning in midwifery students. Due to abundant and diverse demands of today's midwifery graduates, using educators with appropriate knowledge and experience and support of the educator including providing sabbatical to improve their knowledge and experience has particular importance. This finding was consistent with the findings of other similar studies (17-19).

Like other students, midwifery students prefer to study in higher education to earn more skills, and enhance knowledge their experience. In recent years, efforts are made to develop midwifery in higher educations that its result was establishment the field of midwifery. However, despite efforts made, PhD of Midwifery has not been specifically defined, and if midwifery graduates are interested to study in higher levels must turn to other academic trends that are often not compatible with the knowledge and experience gained in previous sections (for example, health care management, health policy...) which indicates the failure of midwifery is the definition of higher education. Midwives' education at the doctoral level in unrelated fields, although is considered an opportunity in the choice of the enthusiasts, but because of concentration of graduates of PhD level in unrelated fields, causes them to take away from the educational activities in the field of midwifery resulting in the fading presence of midwives in its original role in the health system. On the other hand, the dissatisfaction of education in this field cause the reluctance of graduates and withdrew from the study or change the field of midwifery students is taken into account (20, 21).

## Conclusion

Midwifery is considered as one of the prerequisite for maternal and child health in public health system. As was shown in this study, graduates and educators in the field mentioned obstacles and challenges in midwifery education. Planners should provide conditions that promote quality of education system facilitating the available educational field. In order to improve the Midwifery education process and greater clearance of the problems in the educational system in this field, studies on more groups such as students of this field at different levels are recommended.

## Conflict of Interest

The author declares no conflict of interest.

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