

# A Cross-sectional Study of Midwives' Perspectives Towards their Professional Educational Needs

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## ABSTRACT

**Background:** Midwives are one of the most important health care providers and meeting their professional educational needs can be effective in maternal and child health promotion. Aim: The aim of this study was to investigate the midwives' perspectives towards their educational needs. **Methods:** In this cross-sectional study which was conducted in 2012 in Sari, North of Iran, 223 midwives during a convenience sampling method expressed their educational needs. The instrument of the data collection was a self-administered 64-question researcher-made questionnaire about the participants' educational needs in 10 fields related to midwifery profession. **Results:** The mean age and employment record of the participants were  $33.87 \pm 10.49$  and  $10.09 \pm 8.14$  years respectively, and the majority (65.02%) of them was employed in the health care centers. Findings showed that the highest score of midwives' educational need was related to need to education about labor and delivery care ( $75.14 \pm 21.13\%$ ) which was followed by the need to education about pre marriage counseling ( $74.04 \pm 19.95\%$ ) and pre conception counseling ( $71.33 \pm 21.89\%$ ). **Conclusions:** Owing to the emergence of new dimensions of tasks in midwifery practice and due to developing some changes in the educational needs of midwives, it's necessary to implement an updated educational package in order to deliver the recommended standards of care and to increase midwives' participation in continuing education programs.

**Key words:** continuing education, educational needs, midwives, needs assessment.

## 1. INTRODUCTION

Human resources are the most valuable inputs to the health-care system, and in spite of the qualified personnel with sufficient knowledge, it can be expected to provide services with a higher quality (1, 2). As rapid progress in the field of science and technology makes the current knowledge and skills become rapidly old during a short time, the continuing education of healthcare providers is necessary for healthcare system promotion (3, 4, 5). The continuing education programs will help the healthcare providers to promote their previous performances and adapt themselves to the rapid changes and new roles as well.

The first step in providing the continuing education programs is need assessment which is defined as a systematic process for addressing gaps between what the individuals should know and what they know (6, 7). Accordingly, providing continuing education program based on the target groups' perspectives is the key tool to improve old and obsolete skills and to apply new technologies in providing services. This process make the continuing education programs more efficient too (8).

Midwives are one of the important healthcare providers and their continuing education is effective to increase maternal and child health status, as globally, educators realize that formal

education does not ensure that individuals learn (9). Traditionally, midwives have vital role in partnership with women to promote self-care and the health of mothers, infants, and families. Although by emerging new dimensions of care in midwifery practice (10, 11), it's necessary to provide educational packages that prepare them to implement their new roles.

Currently, participation in continuing education programs on the job is compulsory for midwives in Iran. To the best of our knowledge few studies have been conducted to determine the educational needs of Iranian midwives (12, 13), so this research was performed to determine midwives' perspectives towards their educational needs.

## 2. MATERIALS AND METHODS

This descriptive cross-sectional study was conducted through convenience sampling method from those midwives who attended continuing education programs which were provided as a routine scheduled project from April to September 2012, in Sari city, in the North of Iran. From 250 questionnaires which were distributed, data of 27 questionnaires were not entered to SPSS as a result of large missing data (response rate: 89.2%). Finally data of 223 midwives were analyzed.

The instrument of data collection was a questionnaire which measured the demographic characteristics of participants in section one, and in section two the midwives' point of view about their educational needs in 10 fields related to midwifery practice (64 questions) in a five Likert scale (Not a priority, Priority, Medium priority, High priority and Essential). The primary version of instrument was based on a literature review in this area (4, 14, 15) and the point of view of experts. The validity of questionnaire was confirmed by content validity during polling from 10 faculty members. Moreover, the test-retest was used for the reliability of the instrument. In this way, the questionnaire was distributed on two occasions among 25 midwives at 14-day intervals. The correlation coefficient of the questionnaire was=0.91. Ethical issues (Including: plagiarism, informed consent, misconduct, data fabrication and/or falsification, double publication and/or submission, redundancy) have been completely observed by the authors.

The collected data were fed into the Statistical Package for Social Sciences for Windows version 13.0 (SPSS Inc., Chicago, IL, USA) for further analysis. Means and standard deviations were computed and reported.

### 3. RESULTS

The results showed that the participants' mean age and their employment record were 33.87±10.49 and 10.09±8.14 respectively. Moreover, the majority (94.86%) of the participants held Bachelor of Science in midwifery. The participants' demographic characteristics are summarized in Table 1.

Based on the findings of this study, the highest score of midwives' educational need was related to the "need to education about labor and delivery care" (75.14±21.13%) which was followed by "need to the education about pre marriage counseling (74.04±19.95%) and pre conception counseling (71.33±21.89%). Mean score and standard deviation of midwives' educational needs are presented in Table 2.

In this study, in each of the 10 main educational domains, some of the subheading items in five Likert scale from 1 to 5

Age(yr)*	33.87±10.49
Employment record (yr)	10.09±8.14
Educational level**	Two trained courses after diploma 6(2.72)
	Baccalaureate 211(94.86)
	Masters/doctorate 6(2.72)
Current work setting**	Delivery ward in state hospital 50(22.43)
	Other wards( except delivery) in state hospital 22(9.86)
	Health care centers 145(65.02)
	Private office 6(2.69)
Participation in continuing education programs in last year**	Yes 99(44.40)
	No 124(55.60)
Any record of management experience**	Yes 16(7.17)
	No 207(92.83)

Table 1. Socio demographic characteristics of participants Mean±SD \* Frequency (percent) \*\*

	Mean ±SD (%)
Need to education about labor and delivery care	75.14±21.13
Need to education about pre marriage counseling	74.04±19.95
Need to education about pre conception counseling	71.33±21.89
Need to education about sidelong skills (except midwifery skills)	68.76±17.58
Need to education about menopausal counseling	67.87±23.39
Need to education about puberty counseling	67.60±20.20
Need to education about prenatal care	67.41±23.40
Need to education about postpartum care	67.39±21.69
Need to education about gynecologic counseling	67.28±21.62
Need to education about neonatal care	60.91±21.25

Table 2- Mean score and standard deviation of midwives' educational needs

Main educational needs	Subheadings	Mean ±SD
Labor and delivery care	Mothers' resuscitation	4.10±0.98
	Screening of high risk conditions of labor and delivery	4.05±0.99
	Management of high risk conditions of labor and delivery	4.02±1.01
Pre marriage counseling	Normal and abnormal sexual function	4.02±0.90
	Teratogens in pregnancy	3.97±0.87
	Sexual function counseling	3.96±0.94
Pre conception counseling	Chronic medical diseases in pregnancy	3.90±0.97
	National Pre conception counseling programs	3.84±1.02
	Genetic diseases in pregnancy	3.83±1.01
Sidelong skills (except midwifery skills)	Use of herbal drugs in midwifery	3.93±1.02
	Computer use skills	3.90±0.96
	Non-medical interventions in midwifery	3.90±0.90
Menopausal counseling	Non-medical therapies in menopause	3.78±1.09
	Hormone replacement therapy in menopause	3.76±1.04
	Women adaptation to menopause	3.75±1.03
Puberty counseling	Psycho-social changes in adolescence	3.77±0.92
	Prevention of STDs and sexual high risk behaviors	3.76±1.01
	Counseling with adolescent and her family	3.72±0.92
Prenatal care	Management of high risk pregnancy	3.84±1.04
	Drugs administration in pregnancy	3.83±1.03
	Mental health in pregnancy	3.80±1.01
Postpartum care	Postpartum psychological disorders	3.83±0.89
	Postpartum somatic disorders	3.77±0.97
	Drugs administration in lactation	3.70±1.03
Gynecologic counseling	Infertility and essentials of its treatment	3.88±1.08
	Essentials of sexual disorder therapy	3.83±1.08
	Breast diseases	3.72±1.05
Neonatal care	Newborns' resuscitation	3.58±1.40
	Rehabilitation centers for disabled children	3.46±1.02
	Common behavioral disorders in childhood	3.43±1.02

Table 3. Mean score and standard deviation of midwives' educational needs (The most frequent subheadings)

score was assessed which its results illustrated as bellow. Among all expressed needs in the different fields, the "need to the education of mothers' resuscitation" had the highest score ( $4.10 \pm 0.98$ ). Also, in the field of pre marriage counseling and pre conception counseling, the "need to the education of normal and abnormal sexual function" ( $4.02 \pm 0.90$ ) and the "need to the education of chronic medical diseases in pregnancy" ( $3.90 \pm 0.97$ ) had the highest score from the participants' point of view accordingly. In the field of sidelong skills in midwifery; menopausal counseling and puberty counseling the "need to the education on the use of herbal drugs in midwifery" ( $0.93 \pm 1.02$ ), the "need to the education on non-medical therapies in menopause" ( $3.78 \pm 1.09$ ), and the "need to the education of psychological changes in adolescence" ( $3.77 \pm 0.92$ ) had the highest score respectively.

Finally, based on the participants' point of view, in the field of the prenatal care; postpartum care; gynecologic counseling and neonatal care, the "need to the management of high risk pregnancy" ( $3.84 \pm 1.04$ ); the "need to the education of postpartum psychological disorders" ( $3.83 \pm 0.89$ ); the "need to the education of infertility and its essential treatment" ( $3.88 \pm 1.08$ ) and the "need to the education of newborns' resuscitation" ( $3.58 \pm 1.40$ ) respectively were the most important needs. Table 3 shows the most common educational needs from the point of view of the participant midwives in the study.

Based on the findings of this study, the majority (38.12 %) of the midwives agreed to hold the continuing education programs as workshop, and a large number of them (26.92%) were not satisfied with the exclusively lecture method.

#### 4. DISCUSSION

The findings of the present study in line with the other studies showed midwives have special training and development needs in order to do different tasks in midwifery (3, 10, 15). Findings of this project based on highest score of participants' need to education about labor; delivery and postpartum care indicated as midwives assist in critical decision making regarding appropriate care in labor and delivery, basic and post-basic education about how to manage high-risk conditions in pregnant mothers must be in attention (16).

Other educational needs from participants' perspectives were need to educate about counseling skills in midwifery practice including: pre marriage; preconception; puberty; gynecologic and menopausal counseling. By definition of International Confederation of Midwives, competent midwives besides their critical roles in safe motherhood, have important duties in psycho-social health of their clients and providing obstetrical counseling services (14, 17, 18). They are keen to communicate with clients, their families, colleagues and working people in other specialties in order to establish their occupational tasks (12, 19). By considering this fact that almost two-thirds of 55 thousands of midwifery graduate are unemployed in Iran (20), meeting midwives' educational needs about counseling skill, either as official curriculum or continuing education programs, could provide a suitable context for Iranian midwives' employment and achieving Millennium Development Goals.

In the field of neonatal care, need to education about newborns' resuscitation had the most score which was in accordance with other studies (21, 22). In Iran, 54.45% of deliveries (48.60% in cities and 64.32% in villages) is performed by midwives (23) and like many developing countries, they are the first person

to contact the neonate after birth, so it's suggested that resuscitation workshop would be conducted at least for all working midwives in delivery and operation room (24, 25).

Among the required sidelong skills (except midwifery skills), the most of participants expressed they need to achieve some skills towards applying computer software and education about use of search engines in order to accesses to new issues in midwifery discipline (26, 27). This issue possibly refers to this reason that in basic curriculum of midwifery students very limited hours related to the learning computer has been considered.

In conclusion, findings of this paper emphasize the need for providing an updated educational package for midwives, in order to link provision with different tasks of midwives. By considering the importance of continuous education programs in midwives' scientific and practical promotion, midwifery managers and educationalists ought to implement continuing educational programs based on midwives' real professional needs and also by meeting their expectations in order to increase their participation in continuing educational programs.

#### Authors' Contributions

Z Sh and KA contributed to development of ideas and design of the study. KS assisted with the planning of the study and JY analyzed and interpreted the gathered data. Z Sh wrote the first draft of the manuscript, which has been commented on by the other authors. All authors read and approved final manuscript.

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