Challenges Faced by Midwifery Facilitators in Providing Midwifery Education

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Abstract: _Introduction_: _In today's world of technology and advanced educational development being a catalyst in midwifery education brings in many challenges. To flourish in this competitive world midwifery teachers have to be competent themselves to serve their stakeholders. This proficiency develops gradually but one also needs to be prepared of the changing trends and equip to sustain and survive in the field of midwifery education. Enormous experience of the researchers in the midwifery education made them understand that teachers face many challenges in providing midwifery education; hence a qualitative study on the challenges faced by midwifery facilitators in providing midwifery education, with the objective of exploring these challenges was undertaken._ _Materials & Methods_: _A qualitative approach with phenomenological designed was adopted for the study, the total samples was 12 and were selected through a non-probability purposive sampling technique. Variables studied were experiences of midwifery facilitator's .Interviews were tape-recorded using a data collection tool which consisted of demographic profile & a guiding questionnaire._ _Results_: _Thematic analysis was done to identify codes and sub-themes and themes were generated.40 codes were identified and the themes were generated as 1. Specific midwifery courses,2.Independent course on midwifery 3.Changes in the learning experiences&opportunities,4.Inadequate facilities at the clinical areas, 5.Competencies of the teachers, 6. Equipped laboratory._ _Conclusion_: _The study brought out the fact midwifery education is becoming more of a theoretical learning rather than a skill based education. Participants expressed that it was difficult for them to implement practice sessions for their learners, also the number of learners have increased with an increase in the number of educational sectors. There is dilution of input as a result when learners seek employment they are not in a position to replicate what is expected of them. Therefore rigorous changes have to be brought about in the curriculum of midwifery education to overcome the challenges._

Keywords: Challenges, Midwifery facilitators, Midwifery education

1. Introduction

The future of any nation strongly depends on women as they are the ones who bring in the new life into this world. But all mothers are not lucky enough to bring this event to life. There are various factors which govern these events. Many measures are deployed to reduce the maternal mortality and neonatal mortality rate. Among all the reasons mentioned like Effective monitoring during antenatal, intranatal and postnatal care, essential newborn care. Along with the monitoring of the client it is equally important to know whether the healthcare team members involved in the care are competent enough in delivering effective care. Measures such as skilled birth attendant, Emergency Obstetrical care are being implemented.

These measures are made for the professionals already involved in the care, but it is really important to know that the students in the making , who will take the burden of healthcare forward are really trained effectively or no? Here is the challenge which lies within the educational sector to voice their concerns about effective midwifery education. Citing this reason a study was conducted on Challenges faced by midwifery facilitators in providing midwifery education.

Objective of the study

To explore the challenges faced by midwifery facilitators in providing midwifery education.

2. Material and Method

Qualitative research approach with the method with Phenomenological design was used for th study. The total samples taken were 12 and were selected through a non-probability purposive sampling technique. The samples were interviewed with a semi structured interview guide, the responses to which were tape recorded. The data were transcribed, coded, arranged and analyzed for codes, sub-themes and themes. Inclusion criteria: Nurse – Midwives who have been facilitators since 3 years, Exclusion criteria: Nurse – midwives involved in policy decisions Description of tool: It consisted of two sections, Section I – demographic data, which included Professional qualification, Experience in midwifery, Dedicated number of hours in a week, Work experience in policy framing/ policy implementation in regards to midwifery education.Section II: A semi structured tool based on"Midwifery Rapid Assessment Tool" was prepared.

3. Data Analysis

Demographic data was analysed with frequency & percentage, for interview schedule written responses provided by samples were coded by researchers. Codes were compared and similarities were identified by consensus, and codebook was prepared. In the second phase sub-themes were generated and final themes were derived.

4. Results

Demographic data: 8 participants had Bachelor's degree and 4 participants had Master's degree, experience ranged from 3 years to 8 years, dedicated number of hours for theory ranged from 4 hours to 8 hours, Clinical hours 36 hours to 40 hours, and hors for research was written as nil, and they verbalized that research activities were done after working hours, they did not have direct involvement in policy framing but were active members of midwifery organization and would give their inputs on the same.

Thematic analysis was done to identify codes and sub-themes and themes were generated.

40 codes were identified and the themes were generated as Specific midwifery courses, Independent course on midwifery, Changes in the learning experiences & opportunities, Inadequate facilities at the clinical areas, Competencies of the teachers, Equipped laboratory.

Specific midwifery courses: Majority of them felt that there should be specific midwifery course so that students are selected based on their choice not by mere enforcing the subject upon them. As it becomes difficult to match the prescribed criteria of requirements for the degree, it would be better if specific course is selected then experiences which will be provided would be enriching for the student.

Independent course on midwifery: Few of them were of the opinion that Midwifery should be an independent course, with specific entry level which could 12th Science and minimum 50% marks. This will help them to train specific midwifery and attain specialized degree.

Changes in the learning experiences & opportunities: Majority of them felt that the requirements mentioned by the authorities have to undergo changes as policy framed for family planning services do not merge with the required number of deliveries. Also with too many students all of them do not get similar learning experience with regards to skill and competency development. Majority of the population rush to government sectors for benefits provided by the government, and in turn the student influx at these centers is maximum. It hinders individual learning experience and it affects the skill development domain. Private sector domain does not allow student nurses to practice as the patients are reluctant to receive care from trainee nurses.

Inadequate facilities at the clinical areas: Majority of the participants said that clinical areas are deficient in nursing workforce compelling students to do work (of the staff nurses) rather than gain experience in midwifery. Inadequate infrastructure i.e. instruments for assessment and labour conduction, labour tables, personal protective equipments, Inconvenience of reaching the clinical areas in time and when of shits duties.

Competencies of the teachers: Majority of the participants felt that at times the midwifery teachers themselves lack confidence when pitted against the budding obstetricians and hence cannot compel their students to conduct the deliveries single handed or even with assistance. Another factor identified was reluctance of the labour room staff nurses to co-operate with the midwifery teachers to allow them to conduct deliveries. If they do not give a chance to do so then the teacher cannot develop her competencies. Presence of many teachers at the antenatal OPD's, PNC wards and labour room is considered more of a hindrance rather than teaching – learning process.

Equipped laboratory
Majority of the samples felt Infrastructure poses a big problem while providing learning experiences in a simulated manner. Inadequacy of space, maintenance of mannequins, regular use of the lab, working models are not available in all the training institutes. Therefore they largely depend on the clinical area for their learning experiences.

5. Conclusion

The above mentioned themes can be used as factors and exploratory study can be done on a larger scale to generalize the findings. These themes can be searched upon extensively and will definitely be utilized in providing better learning experiences.

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