

Original Article

## Professional Issues of Midwives: Experiences of Midwives in a Family Medicine System

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### Abstract

**Background:** Family health centers are the most effective places for midwives to conduct the midwifery profession and maintain their existence actively. However, as they are called family healthcare staff in family health centers with unclear tasks and responsibilities and perform secretarial and laboratory work, they cannot spare sufficient time for independent roles (these are ignored, and not included in the performance assessment) as the milestones of the midwifery profession. Midwives without any professional satisfaction have difficulties in being motivated, and their professional existence is negatively affected.

**Aim:** This study aims to determine the views of midwives for their professional visibility as family healthcare staff.

**Methodology:** This qualitative study was conducted by an in-depth interview technique. The interviews were planned to be conducted with all midwives as family healthcare staff; however, three midwives could not be reached, and the study was conducted with 15 midwives. The data was collected by a socio-demographic data form and a semi-structured questionnaire which was developed by researchers through literature review. One-to-one interviews, which were moderated by the researchers, lasted 30 to 35 minutes.

**Results:** Midwives stated that they played essential roles in maternal and child health, but they were ignored by other individuals. Moreover, they stated that they were aware of their power, but the system did not support autonomous professional roles and responsibilities of the midwifery.

**Conclusion:** It was determined that as midwives cannot fulfill their independent roles in the family medicine system, the midwifery profession has lost its primary purpose. Some arrangements may be made to provide an opportunity for midwives to just carry out the role and responsibilities of the midwifery profession in the family medicine system.

**Keywords:** Midwife, Family Health Center, Family medicine, Visibility

### Introduction

Midwifery is as old as humanity and midwives have played significant roles during labor since its existence (Yoruk, 2016; Arslan, et al., 2008; Connell & Bradshaw, 2016). Midwives previously provided a majority part of maternal and infant health and fundamental healthcare services in the community health centers in Turkey, they currently

provide these services in family health centers as family healthcare staff (WHO, 2002; SHS, 1961; PFMP, 2004).

The Turkish Health System changed in 2004 with the introduction of “Law no. 5258” on the Pilot Implementation of Family Medicine and subsequent legislations. According to this law, a transformation has started within the “Family

Medicine Model” instead of the implementation of the projected health system with the Law no. 224 on the Socialization of Health Services passed in 1961. The legislation for the Family Medicine System was constructed in 2010 based on the law regarding the pilot implementation of family medicine. The family healthcare staff in the Family Medicine System consists of people working with the family physician such as the midwife, nurse or health officer who work as contracted employees or are employed by the Ministry. The items regarding employee personal rights, assignments, duties, and responsibilities of family healthcare staff have been effective on their professional principles. The phrase, “Midwives/nurses in family health centers, are health professionals who are considered family health workers and serve with family physicians,” has been included in this model. However, it causes uncertainties among the professional roles of the midwifery within the team and the midwives have to fulfill each responsibility (SHS, 1961; PFMP, 2004; FMPCR, 2010; HPJR, 2014).

Due to the increased workload, midwives have difficulties in performing their fundamental roles including family planning services for developing the maternal and child health, pre-conceptional consultancy, tracking women aged 15 to 49, tracking and caring for normal and risky pregnant/puerpera, tracking and caring for the newborn child, and social health training (Arslan, 2008; Ozyaziglu & Polat, 2016; Omac & Sevindik, 2013; Gilkison, et.al., Soğukpınar, et. al., 2007).

Moreover, there are problems in the Family Medicine Model regarding payments and performance. The services that are included in the performance assessment criteria have a positive effect. A significant part of the independent roles of midwives are not included in the performance assessment (FMPCR, 2010; Ugurlu, et. al., 2012; Aktas & Cakir, 2012).

Family health centers are the most effective places for midwives to conduct the midwifery profession and maintain their existence actively. However, as they are called family healthcare staff in family health centers with unclear tasks and responsibilities and perform secretarial and laboratory work, they cannot spare sufficient time for independent roles (these are ignored, and not

included in the performance assessment) as the milestones of the midwifery profession. Midwives without any professional satisfaction have difficulties in being motivated, and their professional existence is negatively affected.

This study was conducted to determine the opinions of midwives as family healthcare personnel on their professional existence in family health centers.

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## Methodology

### Type of the Research

The study was planned as a qualitative study to identify the views of midwives for their professional issues as family healthcare staff of 15 midwife who employees in a Family Health Centers.

### Population of the Study

The population of the study comprises midwife who employees in a Family Health Centers found within the area under the management of Yozgat Community Health Center. The study sample comprises 15 volunteer midwife, who are midwifery graduate, worker as family healthcare staff. Although all midwives who worked in a city center as family healthcare personnel were planned to be interviewed, three midwives could not be reached, so the sample size consisted of 15 midwives who were interviewed.

### Collection and Analysis of Data

The research data were collected through in-depth interview technique among qualitative research methods. Although all midwives who worked in a city center as family healthcare personnel were planned to be interviewed, three midwives could not be reached, so the sample size consisted of 15 midwives who were interviewed. The interviews were directed by a semi-structured questionnaire, which was developed by researchers through the literature review. The participants did not allow the use of an audio recording device during the interviews as they thought that the interviews were conducted on their private issues. Therefore, two reporters transferred the words into writing. The

interviews were moderated by the researchers. Initially, one-to-one, in-depth interviews were conducted with the participants. One-to-one interviews lasted 30 to 35 minutes. The interview themes consisted of the existence of midwifery in the family health centers, its perception in the society, the independent roles of midwives, their professional satisfaction and the visibility of the midwifery profession.

The interview forms were organized according to the participants' direct statements. At first, the common points and different issues were transferred to a written document. Data were analyzed using the content analysis method.

**Compliance with Ethical Standards:** Ethical permission was obtained for the study by the Clinical Research Ethical Board of the Faculty of Medicine at the Bozok University. (Clinical trial registry number:2017-11/03) The participants were informed of the scope, and were informed that the research session would be recorded; the participants' oral consent was obtained. Participation in the study was voluntary

## Results

The demographic data of the midwives indicate that the participant midwives were between 24 and 43 years old, 10 midwives had a bachelor's degree, four had an associate's degree and one midwife graduated from the vocational school of health. It was determined that 9 out of 15 participants work at least 10 years as a midwife, they worked in the family medicine since the initiation of the family medicine system, and the participant who worked longest as a midwife for 23 years. It was found that only two midwives were members of the Turkish Midwives Association (TMA) (Table I).

### The place of midwives in the family health center

It was determined that midwives see themselves at the core of family health centers, they mainly perceive themselves as the essential part of providing preventive healthcare services.

The expression of Participant No.2: *"I see myself at the core of the health center. We are closer to women. They can easily express their problems to us. They share confidential information with us. We give breastfeeding education to our patients to have a positive*

*impact on social health. In other words, we are essential parts of the Family Health Center."*

Participant No.7: *"I am at the core of the Family Health Center. Our existence is very significant. Midwives provide primary healthcare services particularly in the family health centers like tracking pregnancy and infants, tracking women aged 15-49 years, children and youth health, and tracking obesity. Moreover, they track the scanning program held by the Ministry of Health, and social health training. Moreover, these are all included in primary healthcare services."*

### Independent Practice Areas of Midwives in Family Health Centers

In this study, tracking the pregnancy and infancy, family planning training, and immunization services are particularly defined as independent practicing areas of midwives.

The expression of Participant No. 11: *"Informing and consultancy, tracking pregnancy and infancy, and the mothers' excitement, particularly during the training, makes me glad. I love my job in general."*

Participant No.9: *I am independent while tracking pregnancy and infancy, monitoring women aged 15-49, and scanning cancer."*

### Satisfying practices of the midwifery profession

As a result of the interviews, the highest professional satisfaction for midwives is provided by positive outputs of tracking the pregnant woman and children during the whole process, consultancy services, and training given.

The expression of Participant No. 6: *"I am satisfied with pregnancy training at most. It is very satisfactory to track them starting before the delivery and observe their development. I have been working at Family Health Center for 23 years. I am delighted when I see the children grow up whom I followed and helped for the delivery process."*

Participant No.2: *While giving training, I try to spare time particularly for monitoring puerperants, and breastfeeding. As women continue breastfeeding their babies, I feel delighted. Patients directly apply everything we*

*informed them. I wish I could spare my whole time for this.*

### **Professional visibility of midwives in family health centers**

It was determined that eleven participants stated that patients, particularly women perceived midwives as the core of the family health center and in a prominent position. They stated the existence of two different groups. One of these groups consisted of patients who require midwifery services, they were confident about their midwives and did not need to visit the physician. The second group consisted of the elderly or men who did not require the midwifery profession, never visited a midwife, and were unaware of the midwifery services.

The expression of Participant No. 13: *“The society perceives us at the nearby of the family health center. They act a bit more formal during the initial pregnancy checks, but then they give credence and perceive us as one of the family members. We are smaller gears turning the larger gear. I do not think that the Ministry cares much about us. However, the feedbacks of my pregnant patients motivate me. Talking to a pregnant woman who is afraid of giving normal birth can make us feel more comfortable.”*

Participant No. 15: *“Individuals express major health issues to us rather than the physicians, and they perceive us as a remedy for their problems.”*

### **Midwives’ suggestions for the visibility of midwifery profession**

Midwives state that their social visibility can be increased notably by introducing the midwifery profession to the society, their employment in the family health centers with the title of a midwife, and spending more time for midwifery services instead of secretarial works. They also emphasized that the midwifery education and educational status of midwives should be improved to raise social awareness in the midwifery profession. They considered in-service training given by the Ministry of Health as insufficient. They stated that the instructors should provide training among midwifery specialists, and they could increase their knowledge by attending conferences if they are supported by the Ministry of Health.

The expression of Participant No. 3: *“Midwives should be introduced to the society. The expression of “family healthcare personnel” does not make any sense. I think this means each profession can be replaced by each other. There should be different job definitions with the names of each profession. Family health centers should have midwives, some educations should be provided, and in-service training for each profession should be organized by the instructors. There should be guides. Standardization should be provided to ensure the uniqueness in the system.”*

Participant No. 11: *“As we fulfill the requirements of secretaries, they perceive us as secretaries. Midwifery education should be on bachelor’s degree. For instance, communication is critical which is very good at the bachelor’s degree. The knowledge level of the midwifery should be increased. In-service training should be organized. The employees do not know much about these conferences. The Ministry should give support. If they give support, I would definitely go.”*

### **Midwives’ suggestions that they believe should be included in the family health center**

It was determined that the common suggestions of midwives would enable them to exist in family health centers. These suggestions included having midwifery practicing guides to employ midwives in the family health centers and standardize midwifery services, increase the quality of in-service training, and include midwifery practices (not observed in the performance but are done) in the performance assessment. Moreover, the midwives recommend registration of practices in their name, decrease the documentation to spare time for tracking pregnant women, infants, puerpera, and women aged 15 to 49 years old. The midwives would also prefer workforce for documentation and laboratory work, would like to use ultrasound devices to track babies, make necessary arrangements for special midwifery applications, and be the decision makers.

The expression of Participant No. 5: *“Midwives need visible practices. For instance, the use of ultrasound devices in the family health centers is primarily important to follow pregnant women by midwives. In that way, pregnant*

women also take active midwifery services. I have to record a practice that I have done at three different points. I have to use the time of midwifery practices. Family medicine system should be sufficient for everything. In public service advertisements, not only a family physician but also midwives should be introduced to the public through the midwifery practices.”

Participant No. 11: “We are doing invisible, background things as well. We also organize family planning education. We try to convince women for cancer scanning. However, these are not entered into the system. They are not included in the performance assessment. Whether these duties are done or not? They are not included in the family medicine information system. However, these are my responsibilities, I fulfill them, and I spend time on these issues.”

## Discussion

The personal views of midwives regarding the visibility of the midwifery profession in family health centers were examined.

It was determined that the midwives who participated in this study thought that they are at the core of family health center. It can be concluded that the midwives are aware of their professional power. Women who receive midwifery services (during their pregnancy, for their baby and child), mainly perceive midwives as the core of the family health center, which proves that they are aware of the midwifery profession. The midwifery profession should be prioritized; midwives should be included in the performance assessment system to increase the awareness of the society on the importance of the midwifery profession.

In this study, it was determined that independent practicing areas include tracking pregnant women and babies, training in family planning, and immunization system. Moreover, the highest professional satisfaction for midwives is provided by monitoring the pregnant woman and children, consultancy services, and training. However, as midwives in the family medicine system spend most of their time and operations in polyclinics, registration, and laboratory work. Therefore, they cannot fulfill their independent midwifery roles, which include tracking women aged 15 to 49, prenatal care and follow-ups, diagnosed the

pregnancy, identifying and referring risky pregnancies, giving delivery, episiotomy, deciding the referral, post-natal care, care and follow up for children aged between (0-6). This makes the midwifery profession unqualified and invaluable. In a study, it was determined that being family healthcare staff has a negative effect on job satisfaction. In another study, it was found that the family medicine system is not sufficient for applying preventive health services (Ozyaziglu & Polat, 2016; PFMP, 2004; Guner, et.al., 2015). It can be concluded that the decline in the independent practicing roles of midwives has some negative effects on job satisfaction also. Moreover, midwifery has lost its professional characteristics, and midwives have become assistants to the family physician<sup>8</sup>. In a study, the academicians in the department of midwifery stated that the midwives in the family medicine system have lost their independence in their practice in preventive health care services and work under the supervision of the physician. Our findings corroborate these studies (Guner, et. al., 2015).

In this study, it was stated that to provide social visibility to the midwifery profession; this profession should be introduced to the society, midwives should spend more time for midwifery services rather than secretarial works. Moreover, midwifery education and the educational status of midwives should be improved. In a study, it was determined that midwives and nurses in the family medicine system spend most of their time for registration and therapeutic services (Yurdakul & Çobaner, 2016). In the family medicine system, the midwives work as nurses, health officers, and medical secretaries in addition to their midwifery roles, which limits their time for midwifery roles. The visibility of the midwifery profession may be negatively affected as the society does not observe midwives much while they do midwifery practices, and midwives are not prioritized in the introduction of the family medicine system.

Therefore, the common suggestions by midwives for inclusion in the family health centers are: they should be employed in the family health centers and have their title as ‘midwife,’ midwifery practices which are not included in the performance should be added in the performance assessment system, midwifery practices should be registered in the name of midwives, the

documentation process should be decreased to allow midwives to spend more time for pregnant women, babies, puerpera women, and women aged 15 to 49. Moreover, arrangements should be made for specific midwifery practices. In a study, the midwives stated that they are uncomfortable with working as contracted employees and being called “family healthcare staff” (Ozyaziglu & Polat, 2016; Alaoglu & Tasioglu, 2016).

In another study, it was determined that the family medicine system is not a primary health system for midwives and nurses. In the community health centers, the midwives conduct individual practices of preventive services. Their performance can also be followed through the cards and include healthcare practices for pregnant women and infants, and vaccination within the community health center system. In this study, it was determined that the records under family medicine system are maintained better, and tracking a pregnancy, tracking babies and children and vaccination process are easier to follow (Alagoz, et. al., 2010).

In another study, the midwives stated that vaccination, tracking baby and child, tracking pregnant woman, puerperas, and women aged 14 to 49 are sufficient and useful in the family medicine system, and a qualified service regarding preventive health care services are provided (Alaoglu & Tasioglu, 2016). This may be due to the listing of individuals by the system rather than following their monthly performances. These findings are similar to our study results. In our study, the midwives stated that all midwifery practices should be included in their performance assessment and their practices should be recorded with their names. In the family medicine system, documenting the services provided by midwives with the name of the physicians means ignoring the midwifery profession.

In a study conducted in Turkey, a majority of healthcare personnel stated that they considered the family medicine system to have no positive contribution to their profession and it did not protect their personal rights (Omac & Sevindik, 2008).

In our study, the midwives stated that working as contracted employees and population-based performance payment system in the family health

system does not protect their rights and has adverse effects on the visibility of the midwifery profession. Midwives are called “family healthcare staff” in family health centers whose contracts are renewed every two years, and a family physician is the main determiner in deciding the awarding, maintaining or ending of these contracts. If midwives who signed a contract with the family physician were state officers before, and if they did not want to renew their contracts for any reason, they continue to work as officers, but they do not know the location of their employment. Due to their assignments, they must work in various locations.

Midwives, who want to become family healthcare staff but have not been officers before, make their contracts through assignment deficits (FMPCR, 2010; MHS, 2005). Alagoz et al. found that the fear of assignments is the most important reason for midwives to be transferred to a family health care system (Alagoz, et. al., 2010). Our findings corroborate these previous studies. In both systems based cases, midwives can be stuck in a difficult situation as family healthcare staff. Midwives who do not know where to be employed have to work in various locations, and midwives who will become family healthcare staff have to apply to the physicians, and the physicians sign the contract only if they want the midwife. Therefore, midwives who work in family healthcare services are under the command of the physician and continue to renew their contract even if they do not prefer.

### **Conclusions and Recommendations**

Family medicine systems have made important changes in the authorization, tasks, and responsibilities of midwives. Instead of midwifery services, midwives spend most of their time on various operations including bloodletting, urine tests, injection, medical dressing, emergency action, data entries into the family medicine information system, statistics, and registration. These have a negative effect on their professional existence. Moreover, there is a decline in their professional motivation and job satisfaction as they cannot actively implement midwifery services, cannot register their practices in their names, and have to work as assistants to the family physician to maintain the contract.

Working conditions are negatively affected due to unsecured employment, contracts, and assignments, working hours, workload and physical environment. Moreover, midwives mostly provide services to pregnant women, mothers, and women who need family planning, which has decreased the visibility of the midwifery profession. Although the society shares a closeness and emotional intimacy—to share their troubles – with the midwives, the society does not perceive it as a profession.

Midwives should be able to register their practices into the family medicine information system with their names to increase the visibility of the midwifery profession. The performance-based system should involve all service areas rather than specific age groups and specific practices and the performance system should include not only quantitative but also qualitative assessments to remedy unsecure working conditions, regulate assignments in various locations at many times, and develop specific midwifery practices and gain the support of the Ministry of Health.

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