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## Navigating the self in maternity care: How Chinese midwives work on their professional identity in hospital setting



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### ABSTRACT

**Objective:** to explore the strategies Chinese midwives employed to work on their professional identity in hospital setting and the consequence of such identity work.

**Design and methods:** this paper draws upon findings from a Constructivist Grounded Theory study that explored the professional identity construction of 15 Chinese midwives with a mixture of midwifery experiences, practising in three different types of hospital settings in a capital city in Southeast China. The accounts from participants in the form of in-depth individual interviews were collected. Work journals voluntarily provided by three participants were also included.

**Findings:** in everyday practice, hospital midwives in China were working on their professional identity in relation to two definitions of the midwife: the external definition ('obstetric nurse'), bound up in the idea of risk management under the medical model of their work organisations; and the internal definition ('professional midwife'), associated with the philosophy of normal birth advocacy in the professional discourse. Six strategies for identity work were identified and grouped into two principle categories: 'compromise' and 'engagement'. The adoption of each strategy involved a constant negotiation between the external and internal definitions of the midwife, being influenced by midwifery experiences, relationships with women, opportunities for professional development and the definition of the situation. A 'hybrid identity', which demonstrated the dynamic nature of midwifery professional identity, was constructed as a result.

**Key conclusions and implications:** this paper explored the dynamic nature of midwifery professional identity. This exploration contributes to the body of knowledge regarding understanding the professional identity of hospital midwives in China, while also extending the current theoretical knowledge of identity work by elaborating on the various strategies individuals use to work on their professional identity in the workplace.

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### Introduction

Because of medical influences upon midwifery around the world, this profession has been involved in a constant debate about how to define itself (Annandale and Clark, 1996), and what constitutes its practitioners' professional identity (Lane, 2002; Davis-Floyd, 2007). As has occurred in many other countries, medical dominance within midwifery policy, practice and discourse in China has left Chinese midwives struggling to define

themselves (Harris et al., 2007; Harris et al., 2009; Cheung, 2009, 2011). This has become particularly salient in recent years since midwifery practice in China has been confined to hospital setting and midwifery has become a sub-branch of nursing profession over the last two decades in this context, bringing about a concern of identity crisis for the profession (Harris et al., 2007; Cheung, 2009; Tan, 2010).

#### Identity crisis of the profession: medical dominance

Midwifery in China traditionally followed a 'holistic' philosophy of care, having its root in the traditional Chinese concepts yin

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and yáng, which emphasise ‘the balance of the mind, body, spirit and soul as a whole’ (Cheung, 2011: 213). This ‘holistic’ approach to childbirth is, to a certain extent, analogous to the midwifery or social model advocated in the international midwifery discourse (Van Teijlingen, 2005). However, since the professionalisation of Chinese midwifery in the 1920s, this ‘holistic’ approach has been reconstructed through midwifery training with a more specific focus on the technological aspects of the biomedical model (Cheung, 2009; Harris et al., 2009; Johnson, 2011). It has been argued by Chinese midwifery scholars that such ‘technological professionalisation’ has enabled medical monopoly of discourse within midwifery policy and practice (Cheung, 2011: 296), gradually moving midwifery away from the key elements of its traditional ‘holistic’ philosophy.

With the Chinese modernisation campaign in the 1980s, the medical model, a representative of science and technology, has been widely used in Chinese healthcare service (Deng, 1984; Harris et al., 2007). Under such a model, birth is globally treated as a risky event while midwives are required to care for women based on the principle of risk management (Robertson, 2002). Such widespread use of the medical model in maternity care has led to medicalisation and hospitalisation of childbirth throughout China (Barclay, 2008; Cheung, 2009). As a consequence, the sphere of Chinese midwifery practice has been confined to hospital setting, and the majority of hospital midwives’ practices have been narrowed down to intrapartum care over the last 20 years (Harris et al., 2009). Hospital worldwide has often been viewed as an epitome of medical dominance over midwifery care, because commonly within such a setting, medical norms are prevailing whilst maternity care is led by obstetricians (Purkis, 2006). Practising in hospital settings, Chinese midwives are likely to be assimilated into a philosophy of childbirth that is based on the medical model rather than its traditional ‘holistic’ approach. Such an attempted assimilation led to challenge and struggle over the nature of Chinese midwifery, and therefore a sense of identity crisis of the profession has become perceptible (Cheung et al., 2009). This was aggravated when Chinese midwifery was categorised as a subset of nursing profession in the early 21st century, as this indicates that not only has the nature of the profession been undermined but its professional independence within the healthcare system has been lost (Harris et al., 2007; Tan, 2010; Cheung, 2011).

#### *Theoretical basis for the profession: midwifery discourse*

Despite the current medical dominance over the midwifery profession in China, there still exist midwives’ claims for retaining their independent professional status and reinforcing confidence in the professional identity of the individual (Cheung et al., 2009). In recent years, the benefits of the midwifery model to mothers and babies have been evidenced by an increasing number of studies in many countries (Hatem et al., 2008). Therefore, the midwifery model has served as a theoretical basis for midwifery profession worldwide, linking to the retention of professional autonomy and professional status (Sandall, 1995). In China, with the support of such midwifery discourse, some midwifery initiatives were launched in an attempt to retrieve the ‘holistic’ philosophy of midwifery care and revive the profession. For example, in the professional arena, a midwife-led normal birth unit (MNBU) was developed in Hangzhou in 2007, which now acts as an exemplar for midwifery service in China, demonstrating the value of the midwifery model and the importance of the midwifery profession (Cheung et al., 2009). At the policy level, with the support of the Chinese Ministry of Health, the Chinese Maternal and Child Health Association (2010) has initiated a five-year (2010–2014) demonstrative project ‘promoting natural

childbirth, safeguarding the well-being of mother and baby’. One of the project objectives is to retrieve the holistic role of the midwife in maternity care provisions.

With the budding support from both the state and the academic bodies as aforementioned, the resurgence of interest in the holistic approach serves as a theoretical tenet for the reconstruction of the midwifery professional identity in China. Nevertheless, as the medical discourse has dominated Chinese maternity care over the past 60 years, the medical model of childbirth is still prevailing at the present period (Cheung, 2011). The coexistence of the two competing discourses in Chinese midwifery care thus requires midwives to constantly work on their professional identity in everyday practice, particularly for the hospital midwives (Cheung et al., 2009). Against such a backdrop, to facilitate Chinese midwives to gain a better position for pursuing their professionalisation in serving women and society, it is necessary to examine the identity work hospital midwives take on in daily practice.

## **Methods**

### *Aim*

To explore the strategies that Chinese midwives employed to work on their professional identity in hospital settings and the consequence of such identity work.

### *Design*

This paper draws upon some findings from a Constructivist Grounded Theory study that explored hospital-based Chinese midwives’ professional identity construction. Considering the development of an explanatory theory from views of the study participants was the primary objective of this study, Grounded Theory (GT) approach was chosen to guide the research (Glaser and Strauss, 1967; Charmaz, 2008). Further, due to the authors’ past research and practising experiences in maternity care, we acknowledged that, as researchers, our interactions with the participants and interpretations of the data at the later stage of analysis were part of the research process. Therefore, our philosophical position is closer to Charmaz’s (2006, 2008) constructivist version of GT.

### *Setting and participants*

The study was conducted in the capital city of a province in Southeast China. Following the principle of GT approach, participants were theoretically sampled via identifying gaps in the collected data, following the theoretical threads, and expanding properties and dimensions of the developed categories (Charmaz, 2002). Sampling continued until no new properties and dimensions of the developed categories pertaining to the research enquiry were revealed from the newly gathered data (Charmaz, 2006). By means of theoretical sampling, 15 midwives from three different types of hospitals were recruited. Description of the participants’ work settings is presented in Table 1. Profiles of the participants in terms of their midwifery experiences, position and working context are summarised in Table 2.

### *Ethical considerations*

Primary ethical approval was obtained from the Ethical Committee of the University of Edinburgh. Bearing in mind that accessing potential participants through relevant gatekeepers may influence the way in which the participants provide information (Orb et al., 2001), recruitment was gained through personal

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