



Midwifery education in practice

Tanzanian midwives' perception of their professional role and implications for continuing professional development education

Brooke Jones ^{a,*}, Rene Michael ^a, Janice Butt ^{a,b}, Yvonne Hauck ^{a,b}^a School of Nursing, Midwifery and Paramedicine, Curtin University, Perth, Western Australia, Australia^b Department of Nursing and Midwifery Education and Research, King Edward Memorial Hospital, Subiaco, Western Australia, Australia

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ABSTRACT

This study explored Tanzanian midwives' perceptions of their professional role within their local context. Findings were to inform recommendations for continuing professional development education programs by Western midwifery educators. Using focus group interviews with sixteen Tanzanian midwives, the findings revealed that the midwives' overwhelming focus was on saving lives of women and newborns. The fundamental elements of saving lives involved prioritising care through receiving handover and undertaking physical assessment. Midwives were challenged by the poor working conditions, perceived lack of knowledge and associated low status within the local community. Based upon these findings, recommendations for continuing professional development education for Tanzanian midwives must ensure that saving lives is a major focus and that strategies taught must be relevant to the low-resource context of this developing country. In recognition of the high-risk women being cared for, there needs to be a focus on the prevention and management of maternity emergencies, in collaboration with medical practitioners.

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Introduction

The aim of this study was to explore Tanzanian midwives' perceptions of their professional role in the context of their clinical working environment and provide recommendations for the development of continuing professional development (CPD) education for Tanzanian midwives, conducted by Western midwives. Within the paper, the background will detail the value of CPD education for midwives in developing settings such as Tanzania, the current situation in maternal and neonatal outcomes in the region, and the role of Western midwifery educators in improving these outcomes. Methodology will then outline how the study was conducted. Findings will detail Tanzanian midwives' perceptions of midwifery and factors impacting their role. The discussion will compare the findings with existing evidence, and provide recommendations for the provision of CPD education in Tanzania.

Background

Continuing professional development (CPD) education is widely recognised as an essential element in developing a skilled maternity workforce and achieving safe birth outcomes (International Confederation of Midwives, 2008). This is particularly so in developing countries, where 99% of the world's childbirth related deaths occur (United Nations Development Programme, 2012b). However, the provision of CPD education in these settings often remains a challenge, due to a lack of operational funding and limited availability of suitably skilled educators (United Nations Population Fund, International Confederation of Midwives & World Health Organization, 2014).

The United Nations Millennium Developmental Goals (MDGs) Four and Five highlight the global need for improved maternal and neonatal outcomes, particularly in developing countries (United Nations, 2011). To achieve reductions in maternal and neonatal mortality, the MDGs identify the importance of having 'skilled birth attendants', including midwives, doctors and nurses (World Health Organisation, 2008). With the internationally recognised role of preventing and detecting complications in childbirth, midwives can and do contribute to increasing the safety of those in their care (ICM, 2005).

* Corresponding author. School of Nursing, Midwifery and Paramedicine, Curtin University, GPO Box U1987, Perth, Western Australia 6845, Australia. Tel.: +61 8 9266 2079; fax: +61 8 9266 2959.

E-mail addresses: Brooke.Jones@curtin.edu.au (B. Jones), R.Michael@curtin.edu.au (R. Michael), Janice.Butt@health.wa.gov.au (J. Butt), Y.Hauck@curtin.edu.au (Y. Hauck).

In order to reduce mortality rates, midwives must receive adequate pre-registration training and ongoing CPD education (Lavender et al., 2009). Continuing Professional Development education involves participating in learning experiences to maintain and improve professional competence (Thomas, 2012). The International Confederation of Midwives (ICM) Global Standards for Midwifery Education identify the importance of CPD education in maintaining professional competence (ICM, 2013b), which is promoted by CPD being mandatory in many countries, including Australia and the United Kingdom (Thomas, 2012).

Within the sub-Saharan African country of Tanzania, 23 child-bearing women and 228 babies die each day (UNFPA, 2011; United Nations Children's Fund, 2010). In Tanzania, the need for an increase in CPD education for birth attendants has been identified in the National Road Map Strategic Plan to Accelerate Reduction of Maternal, Newborn and Child Deaths (2008) (NRMSP) (Ministry of Health and Social Welfare, 2009). Yet, it was estimated that to achieve this education would cost US\$7 million over seven years (MOHSW, 2009). As a result of this cost and the dearth of available midwifery educators in the region, the Tanzanian MOHSW identified the need for partnerships with international organisations to provide CPD (MOHSW, 2009). Through these partnerships, midwives from developed Western countries are increasingly undertaking teaching roles in the region through various aid organisations (Global Health Alliance, 2012; Kamdonyo and Matinhure, 2013; Lavender et al., 2011). This included midwives from Western Australia, who taught two-week CPD programs in Dar es Salaam for registered midwives, in maternal and neonatal care and mortality prevention. The program consisted of training sessions in normal birth monitoring and documentation, maternal and neonatal resuscitation and training in preeclampsia and postpartum haemorrhage management.

There are however, vast differences in the maternity contexts of sub-Saharan African countries such as Tanzania, and Western countries. In order to effectively deliver education in a setting that is foreign to many Western midwives, attention must be given to ensuring these midwifery educators are prepared to provide education relevant to the role of the midwife in the context of each country (Hawala-Drury and Hill, 2012). Western midwifery educators entering the developing country must be aware of the local midwifery role and the midwives' perceptions of the working environment (Foster, 2009). The aim of this study therefore, was to explore Tanzanian midwives' perceptions of their professional role in the context of their clinical working environment and provide recommendations for the development of continuing professional development (CPD) education for Tanzanian midwives, conducted by Western midwives.

Methodology

Design and setting

A qualitative, descriptive design was considered most applicable to the present study because a rich portrayal of the midwifery role within the Tanzanian context could be attained (Sandelowski, 2000). The naturalistic paradigm is seen as a subjective means of understanding social phenomena (Creswell, 2013). This design is intended to describe a phenomenon of interest (Beck and Polit, 2010).

The study was conducted in Dar es Salaam, Tanzania. Three hospitals were selected, to gain a broad spectrum of understanding of midwives' self-perception of their role. These included two peripheral government hospitals (Hospital A and B) and a large tertiary hospital (Hospital C). Permission to undertake the study was gained from the Director of the Western Australian (WA) education

program, the Committee for Education, Science, and Technology in Tanzania, Executives of the three hospitals, Managers of the maternity units, and the University (SON&M 25–2012).

Sample and recruitment

The study population included qualified midwives who had trained at nursing and midwifery schools in Tanzania and were proficient in English. Midwives undertaking the CPD education program were informed about the study and recruited using purposive and snowballing methods. Five each were recruited from Hospital A and C, and six from Hospital B. All potential participants were provided with written information in both English and Swahili, as well as including an interpreter.

Data collection and analysis

Focus groups were used as the method of data collection. Participants were divided into three focus groups according to the hospital in which they worked. Demographic data such as gender, age and clinical experience was collected. The interviewer was an Australian registered midwife who had worked in Australia, Sierra Leone and Tanzania. The researcher utilised her experiences to build rapport with the midwives prior to the focus group discussions. Although all the participants were able to demonstrate that they spoke English fluently, the researcher elected to have an English/Swahili interpreter present for the focus group interviews. The reason being, when participants are empowered to speak in their mother tongue, more open and spontaneous discussion can often be achieved (Barbour, 2007).

The digitally recorded interviews employed open-ended questions that covered perceptions of midwifery care and relationships with those in their care. Using Ritchie and Spencer's (1994) 'framework analysis' method, the researcher manually reviewed each transcript repeatedly, line by line, developing initial coding of the data through tagging and making remarks based on units of meaning in the transcripts (Ritchie and Spencer, 1994). The identified themes became more integrated as data sets were analysed, incorporating quotes and theoretical notes from each interview (Tuckett, 2005). These data sets were then re-evaluated using analysis and reduction to develop more logically established themes and subthemes which were finalised through collaboration between research team members (Tuckett, 2005). Data collection and analysis ceased when saturation was achieved.

Findings

The 16 participants were all female, aged between 30 and 59 years, with a mean age of 38.8 years. Fifteen were married, and all had children. Seventy five per cent (75%) were Christian and 25% Muslim. The participants had trained in 11 nursing colleges in Tanzania where midwifery was a component of the undergraduate degree (UNFPA, 2011), and as such referred to themselves as nurse-midwives. The demographic data for the participants is presented in Table 1.

Two main themes emerged from analysis of the three focus groups: 'Saving Lives' and 'Value to Others' (Table 2). Each theme and its corresponding subthemes will now be presented with supporting quotes. The code next to each italicised quote clarifies the hospital where the midwife participated in the focus group: A (FGHA), B (FGHB) and C (FGHC).

Transpiring from the interviews was the overwhelming belief that midwifery is a vital profession in 'Saving Lives' of Tanzanian mothers and their babies. All participants verbalised that this role was vital in preventing maternal and neonatal mortality, with

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