Enhancing the professional dignity of midwives: A phenomenological study

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Abstract

Background: When midwives are not treated with respect and their professional competencies are not recognised, their professional dignity is violated.
Objective: This study explored and described how the professional dignity of midwives in the selected hospital can be enhanced based on their experiences.
Research design: A descriptive phenomenological research design was used with in-depth interviews conducted with 15 purposely selected midwives.
Ethical considerations: The Faculty of Health Sciences Research Ethics Committee of the University of Pretoria approved the study. The research was conducted in an academic tertiary hospital with voluntary participants.
Findings: To dignify midwives it is essential to enhance the following: 'to acknowledge the capabilities of midwives', 'to appreciate interventions of midwives', 'to perceive midwives as equal health team members', 'to invest in midwives', 'to enhance collegiality', 'to be cared for by management' and 'to create conducive environments'.
Conclusion: The professional dignity of midwives is determined by their own perspectives of the contribution that they make to the optimal care of patients, the respect that they get from others and the support that hospital management gives them. With support and care, midwives' professional dignity is enhanced. Midwives will strive to render excellent services as well as increasing their commitment.

Keywords

Academic tertiary hospital, enhancing professional dignity, midwife, phenomenological research

Introduction

In academic tertiary hospitals, midwives, as members of a health team, render antenatal, intra-partum and postnatal care to women with high-risk pregnancies.[1] Respect for oneself and for others determines a person's professional dignity and is a prerequisite for the optimal functioning of the team.[2–4] Respect for others' professional dignity is as important as respect for your own professional dignity, creating work environments that are conducive for optimal patient care.[5, 6]

Hospital managers can also create environments conducive for the honouring of the professional dignity of the health team members.[7] When the professional autonomy of health professionals is ensured, their professional dignity is respected.[4] Although

midwives have an autonomous practice, they also implement care that is prescribed by obstetricians in an environment that is created by hospital management. Their professional dignity can be violated when their practice is restricted by the obstetricians and hospital management such as when women with high-risk pregnancies are cared for.[8]

Background and rationale

Professional dignity of midwives

The professional dignity of midwives is determined by their professional image and confirmed by other health professionals.[2] When midwives are supported and treated with respect, they have a positive experience of professional dignity and their professional dignity is enhanced. The opposite happens when they are not treated with respect.[9] Recognition of their capabilities and their professional competencies by the health team and hospital management also contributes to their experiences of professional dignity.[10] The sense of professional dignity that is experienced correlates positively, with the quality of the care that health professionals deliver thus leading to optimal patient care.[6,11,12]

The working environment influences the professional dignity of midwives.[13] A conducive environment where nurses are supported is necessary for a positive experience of professional dignity and good nursing care.[7,14,15] Job dissatisfaction and increased stress levels with feelings of frustration are the leading causes of higher turnover rates.[16,17] Nurses also need support for their autonomous practice to render quality patient care.[12,18] Teamwork and involvement in decision-making processes improve the working environment and play a part in improving professional dignity of nurses.[19,20]

Challenges that midwives experience in academic tertiary hospitals

In academic tertiary hospitals, women with high-risk pregnancies are admitted and managed. They require intensive observation and timeous interventions to prevent complications. Complications with detrimental effects on the women and their unborn infants can develop at any time.[8] Midwives are educated and trained to do the observations and to intervene timeously.[21] They are also trained to attend to the emotional needs of their patients.[22] The women and their infants are respected as unique entities with special healthcare needs that are collaboratively addressed by midwives and other members of the health team.[23,24] Within the team, respect for the professional autonomy of midwives secures the position of the midwives and prevents situations where their scope of practice is restricted due to the compromised health of the women that they take care of.[8,12]

Problem statement

Recently, midwives are working under more stressful circumstances without much recognition for their services. Under these circumstances, midwives find it very difficult to continue rendering quality care to their patients and their professional dignity is violated.[7,10,11] In academic tertiary care, patients with high-risk pregnancies

are their responsibility for 24 h/day, 7 days/week. The focus of midwifery care is to ensure that both women and infants do not develop complications, that healthy infants are born and that the women do not have long-term health problems.[23] Under the South African Nursing Act of 2005 (Act No. 33 of 2005) and the South African Nursing Regulation 2598 amended by Regulation 260, the scope of practice for a registered midwife includes the advocating to obstetricians and hospital management on behalf of the women and their infants to provide an optimal environment for physical, emotional and psychological health during the antenatal, intra-partum and postnatal periods.[25,26] Monitoring of the unborn infant is part of the scope of practice, although the interpretation of the cardiotocograph and final decision on the management thereof based on this tracing lie with the obstetrician.

The researcher noticed that in the selected academic tertiary hospital, the midwives often have to cope with situations of restricted practice. The obstetricians are not supportive of their autonomous practice. They expect the midwives to follow their prescriptions regarding the care of the patients to the letter. No deviations from prescriptions or autonomous decisions by the midwives are tolerated.

The midwives of the selected academic tertiary hospital feel that the hospital management does not understand how patient-intensive the care that they deliver is. The patients are admitted to hospital long before the birth of their infants and they often have to stay in hospital long after the birth of their infants in the case of preterm birth. They are very ill and need constant observation and immediate intervention to avoid complications and to manage complications when it could not be prevented. The patients also have emotional and psychological needs that the midwives have to attend to. They are at first worried about the survival of their unborn infants and after birth about the survival of their preterm infants. Without the respect from the health team and support from the hospital management, the midwives of the selected hospital struggle to uphold their professional dignity.

Research question

The research question was, ‘How can the professional dignity of the midwives of the selected hospital be enhanced?’ The aim of the study was to explore how the professional dignity of midwives in the selected hospital can be enhanced based on their experiences.

Research method

In this qualitative research study, a descriptive phenomenological research design was performed as the researcher wanted to explore and describe the experiences of the midwives concerning the enhancement of their professional dignity.[27] Midwives were interviewed by the researcher, as only they know what incidents have a detrimental or enhancing effect on their professional dignity based on their experiences.[28]

Selection of participants

The study was conducted in a specific academic tertiary hospital. The population for the study were midwives who worked in the selected academic tertiary hospital for at least 1 year. The participants' ages ranged from 23 to 55 years. The years of experience as a midwife ranged from 18to 199 months. A total of 15 participants took part in the study. The focus was on the midwives of this facility and therefore excluded advanced midwives.[29] A purposive sampling method was used in this study.[27,30]

Ethics

The Faculty of Health Sciences Research Ethics Committee of the University of Pretoria approved the proposal (reference no. 117/2016) and the relevant authorities in the hospital gave the researcher permission to conduct the research. Midwives were invited to take part in the research based on the chosen sample. Prior to the onset of an interview, written informed consent was obtained and a participation leaflet was discussed. The participants were ensured that all information would be managed in a confidential manner. Permission to audio-record the interview was obtained from each participant.

Data collection

The aim of data collection is to 'elicit phenomenological moments in a deliberate and methodological fashion'.[31] Interviews were conducted with the participants who had agreed to the recording of the interviews so that information was not missed during the interviews. The shortest interview was about 4 min and the longest was 27 min.

Unstructured phenomenological interviews, also known as in-depth interviewing, were used to collect data during this study. Unstructured phenomenological interviews are used to explore and describe the participant's experiences and their understanding of their everyday 'life world' situations.[27] The researcher challenged the participants to describe what they experienced and their perspectives instead of their own account of experiences and perspectives. Researchers in phenomenology strive to describe 'how the phenomenon is and not what the informants said about it'.[32] One question was asked, 'How can the professional dignity of midwives in an academic tertiary hospital be enhanced?' Where there were midwives who did not understand what was meant with professional dignity, a brief explanation was given. The focus was on 'what is experienced' and 'what are their perspectives' regarding the phenomenon.[31,33]

Data analysis

The steps that were used to analyse the data are based on the human scientific phenomenological method of Giorgi.[34] Analysis of data in phenomenology is directed towards finding the meaning of the phenomenon.[30,35] The meaning is called the essence and is supported by themes or constituents (meaning units) that substantiate the essence.[36,37] The literature was used to discuss the constituents. The essence is abstract and not substantiated by quotations from the interviews and also not discussed in the literature.

Rigour

Phenomenological reduction is applied through bracketing to ensure that the phenomenon is studied in its pure form ensuring trustworthiness.38 Reflective journals are used in phenomenological research to ensure that the researcher applies bracketing fully to exclude bias.[39] Prior to data collection, the researcher reflected on her own perspectives enabling her to put her own perspectives on hold during data collection and analysis. The reflective journal was used throughout the research study with every interview and afterwards to record the researcher's feelings, thoughts and ideas that were experienced during the interviews and during the data analysis stage. Personal values were also identified to prevent biased opinions during the data analysis stage. Re-integration of the 'bracketed' information was done with a simultaneous comprehensive literature review to integrate the findings of the study into the knowledge base of the phenomenon.[40] In this study, rigour is achieved by neutrality and when 'bracketing' is consistently applied, bias is avoided.[41,42]

Findings

The purpose of the research study was to explore how the professional dignity of midwives in the selected hospital can be enhanced. The interviews revealed that the essence of the participants' experiences was 'to dignify midwives in an academic tertiary hospital'. People are mostly 'being-for-oneself' and are 'conscious of themselves and conscious of the world'.43 The participants were conscious of how others viewed them and that influenced how they perceived themselves (being-for-themselves). In midwifery, the idea of 'being-for-others' is an essential concept; the midwife forms an integral part of the delivery process being there for the mother and baby as well as assisting the doctors during high-risk deliveries.

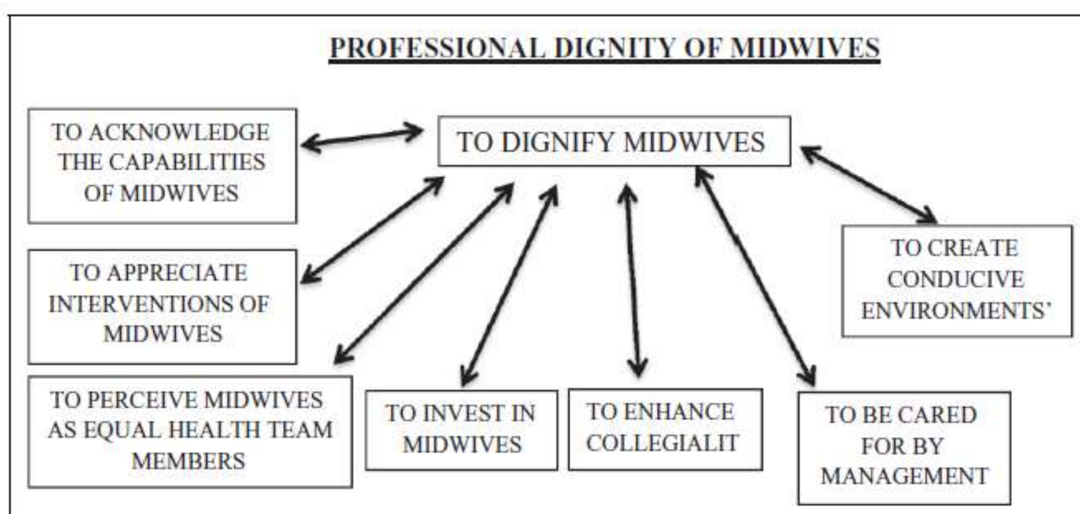

Figure 1. Professional dignity of midwives.

The participants experienced the violation of their professional dignity, and this lead to the experience of 'being-for-others' in a negative sense. The following constituents of the essence were discovered and it supported how to dignify midwives in an

academic tertiary hospital: 'to acknowledge the capabilities of midwives', 'to appreciate interventions of midwives', 'to perceive midwives as equal health team members', 'to invest in midwives', 'to enhance collegiality', 'to be cared for by management' and 'to create conducive environments'. The summary of the essence and the constituents is presented in Figure 1.

The essence: 'To dignify midwives in an academic tertiary hospital'. During the use of the descriptive, phenomenological method, the researcher found the essence being 'to dignify midwives in an academic tertiary hospital'. In this study, dignify comprises the endeavours that indicate that midwives are valued for their professional expertise, to be respected for the contribution that they make to the well-being of pregnant women and their infants and that midwifery is recognised as a profession. The experience is exemplified in ways of 'being-for-themselves' in the context of 'being-for-others'. In midwifery, the idea of 'being-for-others' is an essential concept; the midwife forms an integral part of the delivery process being there for the mother and baby as well as assisting the doctors during high-risk deliveries.

To acknowledge the capabilities of midwives. To dignify midwives in an academic tertiary hospital, the capabilities of the midwives need to be acknowledged. The participants experienced a lack of acknowledgement of their capabilities by management as well as by the doctors. To enhance the professional dignity of the participants and to dignify them, there was the perceived need for the acknowledgement of the participants' capabilities and they wanted to be valued for their contributions:

An academic tertiary hospital is that it's more medical than nursing. (P1)

Midwives are independent practitioners . . . realise that we are midwives and we went to school for the profession. (P8)

I'm here to make sure that the patient is treated well. The patient goes home with a healthy, bouncy baby, not a dead baby. (P2)

We lose our professional dignity because we end up depending on doctors more and we lose our autonomy . . . everything just needs consent from the doctors. (P4)

To appreciate interventions of midwives. The participants within this academic tertiary hospital spend extended periods of time with high-risk pregnant patients. The extended time these participants spend with these patients leads to opportunities where they have to identify potential problems, intervene and prevent further complications:

Due to lack of recognition (for midwives) some doctors prefer not to listen to opinions raised by nurses . . . (P1)

Here I can save the patient's life, but because you have such a difficult doctor, you stand back . . . because he is a doctor in a tertiary hospital . . . you don't have any say. (P7)

There is this regulation that, you wait for the doctor to come and prescribe medication before you give it . . . but as a midwife, you act . . . to save the patient's life . . . then comes the doctor . . . . He starts shouting at you, 'Who told you to do this, who told you like this' but . . . you've just saved the patient's life . . . instead of the doctor coming to you, saying: Thank you sister. (P7)

To perceive midwives as equal health team members. Acknowledgement influences many people on how a person sees themselves and experiences their professional and social identity.[44] The professional and social identity of a person plays an important part in the promotion of their physical and mental health within their environment.[45] Every person has the need to feel that they are part of a group or belong somewhere.[46] The participants wanted to be perceived as equal health team members. They wanted to be treated as if they were on the same level as other members of the health team. Their inputs should be recognised as all others' input to patient care is recognised:

I once had a doctor . . . who was busy telling the patient, don't listen to the sisters, the sisters don't know what to do. (P7)

The doctors ... some of them ... act like they are our bosses . . . the one doctor once told me that she is my boss and that I should do whatever she asked me to do... I felt very inferior to her . . . as far as I am concerned we were all colleagues. (P11)

You find that you work with someone who's just reluctant to work, who is just dragging their feet, which makes it more unbearable for you. (P2)
When you're new, and especially young, and you're supposed to be their senior, they kind of undermine you. (P4)

To enhance collegiality. Collegiality refers to the relationship between colleagues.[47] This relationship between colleagues includes the interactions and interpersonal relationships among them. The better the relationships between the members of the team, the better they will complement each other's capabilities, knowledge and skills to the benefit of the patients. The participants felt that they needed support from other team members to ensure optimal care for high-risk patients. Midwives wanted to work well with other team members:

There's no support (from management) . . . . They do not stand up for us. That makes it even worse. (P7)

We must be seen to be one, and then work together so that the outside world will say midwives, no matter what, they're a team. (P7)

Allow us to be independent practitioners; because even in my scope of practice, it says you are an independent practitioner. I advocate for my patient . . . to save lives, that's what I pledged for. (P7)

Colleagues, let's work together, lets respect each other; don't think that you know everything; we are all here to learn . . . and most importantly never ever disrespect a person, never undermine anyone . . . learn to respect everyone, treat everyone equally. (P2)

To invest in midwives. When someone invests in something, they invest time and money to improve what they are investing in. Professional development is associated with the desire to gain knowledge and skills to enhance the professional dignity of staff members:

When you work in an environment (midwifery), you must make sure that you familiarise yourself with everything. (P3)

Initiation of self-development should be encouraged (by management) . . . this will ensure that they (midwives) will be valued and be equipped with knowledge so that they can be effective and render quality services. (P1)

To be cared for by management. The participants in this study also wanted to have collegial interactions with management and have management as part of their team. The participants felt that management did not care for them; they felt they needed physical and emotional support (especially when a patient passed away):

There's no support (from management) . . . . They do not stand up for us. (P7)

It's no surprise that the better you are treated (cared for), the better quality care you will deliver. (P6)

When it's full, the hospital, tertiary hospital, management never says it's full. And you are left to deal with such situations. People are lying on the floor, one of the Professors even told us . . . . I don't care; I'm not going to close the ward, even if it means people delivering on the floor. (P7)

Our nurses are leaving, especially midwives, they are leaving our country because of the care that we are (receiving) . . . (P3)

To create conducive environments. The working environment plays an essential part in ensuring the quality of care rendered by midwives as well as job satisfaction and the enhancement of the professional dignity of the midwives. The working environment needs to be conducive for care:

(Professional) dignity it starts with where you work . . . we need to have all the resources so that we can be able to work properly. (P2)

So we are short of staff, we are short of equipment, we are short of supplies, we are short of medication sometimes, and all of this influences us, yes we can make plans and we can do what we can . . . but in the end sometimes the patient sees it as . . . we're not doing what we're supposed to do, but our hands are tied . . . some of the time, so that breaks our dignity in the patient's eyes. (P5)

We are overworked due to the population influx . . . in that instance then people start getting exhausted . . . then they don't actually do what they are supposed to do . . . most of the important nursing care is missed because of the population influx . . . and the work load (keeps increasing). (P8)

This hospital, the unit is so small . . . when it's full; the management never says it's full. And you are left to deal with (challenging) situations. People are lying on the floor . . . delivering on the floor . . . . Do you think people (patients) will respect you for that? But imagine you are delivering a patient (on the floor) . . . and the relatives are everywhere . . . they see you doing this... they will blame you as a midwife. (P7)

You become frustrated ... you start mismanaging . . . when you start mismanaging ... patients start collapsing . . . patients die. (P2)

Discussion

The essence: 'To dignify midwives in an academic tertiary hospital'

Existentialism, being part of phenomenological philosophy, reveals that the participants experience their 'being-for-themselves' in the context of 'being-for-others'. How others viewed them influenced how they perceived themselves (being-for-themselves). When one is degraded or demeaned, they experience 'being-for-others' negatively. There is an advantage to 'being-for-others'; when it is experienced in a positive sense, it contributes to the growth of 'being-for-oneself'. Midwives can be dignified in their interaction with the health team and management. When others' behaviour towards them is aimed at dignifying and enhancing the midwives professional dignity, the midwives' perception of themselves as professional persons with dignity is strengthened.

To acknowledge the capabilities of midwives

Midwives are trained to be the first-line management during pregnancy, focussing on the promotion of health during pregnancy, treatment and prevention of illnesses and complications.[48] Care rendered by midwives to low-risk pregnancies has been found to have better outcomes with less interference with the natural process of labour.[49] With low-risk pregnancies, midwives are more readily acknowledged for their capabilities than within a high-risk environment.

When looking at the participants, the experience and skills that they have developed have not been taken into account. Within an academic tertiary hospital, the main objective is providing specialised care to patients with high-risk conditions. Unfortunately, this specialised care is associated more often with the medical profession, hearing from doctors that they must follow the doctors' orders. It made the participants feel as if they are only assisting the doctors and not autonomous midwives.

Their autonomous practice is being restricted due to the perceived high-risk environment which they are working in. Autonomous nursing practice refers to the midwife's ability to act in the best interest of patients, to make independent decisions based on their scope of practice as well as interdependent decisions when the health team members' care overlap.[18]

Lack of acknowledgement in the working environment is a factor that leads to a stressful work environment.[50] Acknowledgement influences how a person sees themselves and experiences their professional identity.[44] In turn, this then influences midwives' idea of 'being-for-others' and their professional dignity. When 'being-for-

others' is experienced in a positive sense, it contributes to the growth of 'being-for-oneself'.[43] In this instance, midwives will experience dignity and pride in their work. When acknowledgement of capabilities occurs and professional dignity is enhanced, the care that is rendered will be improved.[21]

To appreciate interventions of midwives

Advocating for the mother and her foetus or new born is an important function of being a midwife.[50] Midwives are capable of intervening as far as their scope of practice determines. Unfortunately, the interventions by midwives are not always appreciated. When midwives' interventions are continuously rejected, they also start to doubt their abilities and interventions. When experiencing a lack of trust and a lack of teamwork, frustration and discouragement occur.[51]

Intervention is part of the key to prevention of serious adverse events and especially unnecessary maternal and new-born deaths. Midwives must have the courage to continue to intervene when necessary and to recommend treatment to be performed by the patients' doctors. Timely interventions that lead to good outcomes for the patients should be appreciated. In the high-risk situation that these participants are in, interventions are paramount for the good outcome of the mother and baby. The participants desire and strive towards the freedom to be able to independently intervene and provide autonomous care for their patients. When midwives are given the freedom to act and intervene independently, it encourages better quality care.
When their interventions to prevent and manage complications are appreciated and they are not humiliated, their professional dignity is enhanced.[52]

To perceive midwives as equal health team members

Equal collaboration and consideration of each member needs to occur between each individual of the health team to help ensure that the participants are perceived as an equal part of the health team. The 'being-for-oneself' and the 'being-for-others' should correspond.[43]

Effective communication from all members of the team is required. Each member plays an important individual part in the treatment and should be respected for that. The participants felt that they were less important members of the team compared to some of the other health team members. These participants felt discouraged; they felt unappreciated and had feelings of worthlessness and inferiority accompanied by feelings of insignificance when they were treated as if they were not part of the decision-making process and were only trusted to perform activities that had been delegated to them.

Midwives need to be acknowledged as equal health team members, especially when they give their unique nursing contributions to the team, thereby providing holistic treatment of high-risk pregnant patients. This is based on the idea and the understanding that a single person cannot provide holistic care to a person who has many different needs.[53] Teamwork among the different multi-disciplinary team members is essential for the satisfactory outcome of care of high-risk pregnant patients.[54] Midwives need to be perceived as equal health team members to be able to enhance collegiality.

To enhance collegiality

Relationships where colleagues encourage each other and where they show each other respect and consideration are important to form strong bonds. If you defend and support each other, teamwork becomes possible and collegiality is enhanced. Enhancing collegiality is essential in teamwork and greater job satisfaction.

Within the working environment, teamwork has proved to be essential. Advice, support and assistance are important contributors to the concept of collegiality. Being accountable for your own and others' actions influences and possibly promotes autonomy of the midwives involved.[47] Lack of collaboration and assistance is frustrating and demotivates midwives, leading to a decrease in job satisfaction.[55] Part of collegiality is communication and inter-professional relationships between the midwives and doctors. Effective communication between the midwives and the doctors leads to the improvement of collegiality and there is greater collaboration.[56] There is also an increase in the satisfactory outcomes for the patients being cared for, with less adverse events occurring within the environments where there is collegiality between all health team members.

When there is collegiality between all the members of the health team, 'being-for-others' is experienced in a positive sense, which contributes to the growth of 'being-for-oneself'.[43] Collegiality enhances the professional dignity of the midwives.

To invest in midwives

In midwifery, it is important to invest in staff development as this will lead to the improvement of care.[57] The participants in this study expressed a desire for management and the hospital to invest in them. The participants wanted management to send them for training to increase their knowledge and skill base to ensure access to safe and good quality care.[50] Investment in the professional development of the participants may inspire confidence and encourage excellence in the care rendered by midwives. The midwives' professional dignity is also enhanced when they feel valued because they were invested in.

To be cared for by management

Midwives are more satisfied when there is good communication and collaboration between them and management.[56] When management cares about their staff, it enhances the interpersonal relationships between midwives and managers, increasing job satisfaction. The workers tend to be more committed and loyal to the institution.[58] When midwives feel that they are cared for by management, they are more capable of caring for others, which also enhances the midwives' professional dignity.[10]

To create conducive environments

The issue of staff shortages is a global problem that has been addressed in many research studies. A strenuous, stressful and conflict filled working environment accompanied by fatigue from overworking, along with exhaustion from staff shortages and very long working hours, leads to inaccuracies in patient care, serious adverse events and treatment. There is also increasing staff dissatisfaction.[59–62]

In these high-risk situations being part of the health team, feelings of belonging and connectedness to the team enhance dignity and should help decrease the stress in the working environment as well as enhance patient care. Feelings of not being good enough for others and thus not deserving of conducive working environments are, according to existentialism, experienced in relationship with others.43 According to the participants, creating a conducive working environment will ensure that optimal patient care can be delivered, which will make midwives feel dignified.

Conclusion and recommendations

The number of midwives that are resigning from these maternity sections has greatly increased since this research was started. When there is teamwork and mutual respect, staff members feel valued. Midwives will strive to render excellent services as their commitment to the institution increases. When midwives and other members of the health team feel they are needed as well as wanted, they will feel valued and more satisfied with the working environment. Further research should be conducted on which strategies could be used to ensure the effective implementation of the findings from this study.

Significance of the study

This study focussed on the views of the midwives on how their professional dignity can be enhanced. The findings may lead to ways of enhancing the self-worth and self-respect of midwives who work in academic tertiary hospitals. With a better self-image, midwives may gain more trust and confidence in their abilities. This may lead to better teamwork between the health team members, with less restricted practices. This study may also potentially lead to improved nursing care.

Limitations

The experiences of these midwives may differ from that of other midwives in other institutions and settings. The experiences may also differ from that of advanced midwives due to their training and skills, thus the reason for exclusion. This study focussed on midwives' experiences and excluded other members of the health team who may have different opinions.

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